

**An exploration of the development of a Network of Health Promoting  
Schools in the Mid-West Region of Ireland 2005-2015: a complex  
adaptive systems approach.**

This dissertation is submitted for the degree of Doctor of Philosophy.

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## PREFACE

This dissertation is the result of my own work and includes nothing which is the outcome of work done in collaboration except as declared in the Preface and specified in the text.

It is not substantially the same as any that I have submitted, or, is being concurrently submitted for a degree or a diploma or other qualification at the University of Cambridge or any other University or similar institution except as declared in the Preface and specified in the text.

I further state that no substantial part of my dissertation has already been submitted, or, is being concurrently submitted for any such degree, diploma or other qualification at the University of Cambridge or any other University or similar institution except as declared in the Preface and specified in the text.

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## **ABSTRACT**

This thesis explores the development of a Network of Health Promoting Schools in the Midwest region of Ireland between 2005 and 2015. It identifies supports and barriers to developing the Health Promoting School concept and process with school communities.

The study draws on the literature from the fields of education and health and in particular the sub-discipline of health promotion and includes an exploration of themes of leadership, collaborative working, change, systems theory and the concept of the Health Promoting School. The overarching conceptual framework of Complex Adaptive Systems is used to pull the different theories and models together.

The research adopts a largely qualitative approach exploiting a case study methodology. Four cases are presented; one case focuses on the Health Promoting Partnership which was responsible for the governance and strategic direction of the Network and the remaining three cases focus on individual school sites. In the first case partners from the agencies represented in the Partnership were interviewed and these data are combined with information from steering group meetings to provide insights into the strategic supports and barriers to establishing and maintaining a Network of Health Promoting Schools. In the three school cases, stakeholders from the school communities (Principals, Health Promoting School Coordinators, Teachers, Parents and Pupils) were interviewed and these data were coupled with individual Health Promoting School Meeting records to identify supports and barriers for the implementation of Health Promoting Schools at the ground level.

One of the key findings was that the promotion of the whole school's participation and engagement with the Health Promoting School concept was vital to successful implementation. However this was not unproblematic. While children's participation was supported and valued, responses relating to parental engagement were more ambivalent. Another finding was that strategic supports put in place by the Partnership were highly regarded by teachers, Principals and School Coordinators. The findings indicate that while stakeholders appreciated the need for schools to place an emphasis on health, the implementation of Health Promoting Schools had to compete with a myriad of other demands pressing on a finite amount of school time.

This research is likely to be of interest to those involved in implementing a Health Promoting School Model and process at the individual school level or more strategically in developing a Network of Health Promoting Schools. Researchers interested in adopting a Complex Adaptive Systems approach in their investigation of Health Promoting Schools will also find this study informative.



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## **Glossary of terms**

**Adaptation.** In biology, this is the process whereby a population becomes better suited to its habitat. In my study adaptation is applied to the response of human organisations as complex adaptive systems interacting with a changing external environment.

**Bio-medical paradigm.** The pre-dominant model of health since the mid-19<sup>th</sup> century, with health conceived as the absence of illness, disease, pain or defect. This approach focuses on physical processes and does not take into account the role of social factors or individual subjectivity.

**Complex adaptive system.** A set of interacting elements where the behaviour of the totality is an indirect, non-hierarchical consequence of the different parts

**Consent.** In this study participation is on the basis that it is voluntary and informed. Consent is viewed as an on-going process which begins when participants initially agree to be involved in the research and ends with the completion of the doctoral study and its dissemination within a timeframe of 5 years from doctoral completion.

**Egmond Agenda.** A tool developed in 2002 outlining the main components needed for the successful establishment of Health Promoting Schools.

**Emergence.** The way complex systems and patterns arise out of numerous relatively simple interactions.

**Equilibrium.** In physics, this is a state of rest or balance due to equal action of opposing forces.

**Fitness landscape.** In evolutionary biology, fitness landscapes are used to visualise the relationship between genotypes or phenotypes and reproductive success. The landscapes are usually presented as ranges of mountains and the two concepts of height and distance are sufficient to form a landscape. Genotypes which are very similar to each other are said to be ‘close’ while dissimilar genotypes are described as ‘far’ from each other.

**Health education.** Providing information and promoting skills and attitudes that are health enhancing

**Health promotion.** Health education in a supportive environment in order that competencies have the opportunity to be practiced and realised

**HPS Network.** The initial network of 17 schools established in the mid-west region of Ireland in 2005.

**HPS Partnership.** The Steering Group which oversees the HPS Network comprising stakeholders from the Department of Education and the Health Service Executive.

**J-curve.** The J-curve is the profile of a path through a trough between a local peak in the fitness landscape and a neighbouring higher peak. Originating in the field of economics, the J-curve is used to illustrate the historical tendency of private equity funds to deliver negative returns in early years and investment gains in the outlying years as company portfolio's mature.

**Newtonian worldview.** The traditional scientific view of the world centred on the idea of mechanism. This view assumes that everything is composed of atoms and consequently the behaviour of any system can be predicted when you know the initial position and velocity of all the atoms in the system and how they interact with each other.

**Non-linearities.** Refers to effects not proportional to their causes.

**Ottawa Charter.** An international agreement signed at the First International Conference on Health Promotion in 1986 which identified key action areas and strategies for health promotion activity.

**Paradox.** A seemingly true statement or situation that leads to a contradiction which seems to defy logic or intuition.

**Plasticity.** Refers to the capacity to change internal parameters in response to history or experiences.

**Purposeful.** Behaviour that is the result of voluntary action

**Purposive.** Behaviour that is attributed a purpose by an observer

**Randomised control trial (RCT).** A type of scientific experiment where study subjects are randomly allocated to receive one or other (which is often none) of alternate treatment intervention. It is assumed that after randomisation the two groups of subjects are treated in the same way in every other regard so any differences in outcomes can be attributed directly to the intervention.

**Reductionism.** Can mean (a) an approach to understanding the nature of complex things by reducing them to the interactions of their parts or to simpler or more fundamental things or (b) a philosophical position that a complex system is nothing but the sum of its parts and that an account of it can be reduced to accounts of individual components.

**Settings approach.** In health promotion, means addressing the contexts within which people live, learn, work and play and making these the object of inquiry and intervention as well as the needs and capacities of people to be found in different settings.

**SPHE.** Social Personal and Health Education, formal mandatory subject within the primary school curriculum and included in the post primary curriculum up to Junior Certificate (equivalent to GCSE level).

## **List of Acronyms**

<b>CAS</b>	Complex Adaptive System
<b>DES</b>	Department of Education and Skills (Ireland)
<b>DoH</b>	Department of Health (Ireland)
<b>ENHPS</b>	European Network of Health Promoting Schools
<b>HPS</b>	Health Promoting School
<b>INTO</b>	Irish National Teachers Organisation
<b>IPPN</b>	Irish Primary Principals Network
<b>IUHPE</b>	International Union of Health Promotion and Education
<b>NCSL</b>	National College for School Leadership (UK)
<b>SHE Network</b>	Schools for Health in Europe Network
<b>SPHE</b>	Social, Personal and Health Education
<b>WHO</b>	World Health Organisation



# **CHAPTER ONE – INTRODUCTION**

## **1.1 Overall aim**

This research aims to identify the supports and barriers to developing a Network of Health Promoting Schools in the Midwest region of Ireland.<sup>1</sup>

The study starts from the assumption that Health Promoting Schools work. That is, that there is a substantial evidence base which indicates the effectiveness of Health Promoting Schools for bringing about significant health and educational gains not just for pupils but also for staff, parents and the wider community. This evidence base is discussed in the review of the literature which begins in Chapter Two of this thesis.

Increasingly, there have been calls to look at the implementation of quality practice in schools to assess how health promotion activity reflects the evidence of effectiveness (Inchley, Muldoon and Currie, 2007; Schools for Health in Europe [SHE] Network, 2015; Samdal and Rowling, 2013). More recently, Leahy and Simovska (2017:430) pointed out that “there is little research that sheds light on the complexities and challenges of the everyday practices connecting health and education in schools.”

Detailed examination of school health initiatives which unpack the circumstances and contexts that enable or inhibit the achievement of Health Promoting Schools’ goals may prove more effective and useful to those working in schools rather than simply assessing if the educational components of a programme has been achieved or whether or not an intervention has resulted in a desired health or education outcome or health behaviour change. Consequently this study seeks to identify the supports and barriers to developing a specific Network of Health Promoting Schools from the perspective of the relevant stakeholders involved. To this end it explores the development of the Health Promoting School project in the Midwest region of Ireland through the period 2005 – 2015.

## **1.2 Definition of a Health Promoting School**

The World Health Organisation (WHO) defines a Health Promoting School as:

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<sup>1</sup> The Midwest region of Ireland encompasses Limerick City (fourth largest city in Ireland) and the largely rural counties of Limerick, Clare and Tipperary North (total population approximately 360,000). There are over 350 primary schools and 60 post primary schools in the region (these numbers include schools which cater for children with various special educational needs).

“A school that is constantly strengthening its capacity as a healthy place in which to live, learn and work” (WHO, 1997).

It should be noted that this research distinguishes between health education and health promotion. Health education is understood as providing information and promoting the development of skills and attitudes that are health enhancing. Health promotion adds to this by helping to provide a supportive environment in which health education competencies have the opportunity to be practiced and realised.

Stated concisely, a Health Promoting School is about developing a special focus on health in a school. It encourages school staff, pupils and parents to consider how healthy lifestyles and environments may be built upon within the school.

### **1.3 Objectives of this study**

This research has the following objectives;

- To provide a comprehensive account of the development of the Network of Health Promoting Schools in the Midwest region of Ireland between 2005 and 2015,
- To document stakeholders’ understanding and experience of working collaboratively in relation to Health Promoting Schools,
- To identify the supports to the development of the Network,
- To identify the barriers to the development of the Network,
- To draw conclusions and make recommendations for developments in educational policy and practice generally and more particularly inform the ongoing development of Health Promoting Schools in Ireland,
- To consider the usefulness of Complex Adaptive Systems as a conceptual framework for exploring Health Promoting Schools.

### **1.4 Research Questions**

The overarching question addressed in this thesis is:

What are the supports and barriers to developing Health Promoting Schools in the Midwest region of Ireland?

The aim and objectives outlined above generated a subset of specific questions that were investigated as part of this research:

- Question 1** How is the concept of the Health Promoting School introduced and understood by the stakeholders in the Health Promoting School Project?
- Question 2** How did the concept of the Health Promoting School evolve in specific school communities?
- Question 3** What supports were provided that promoted the development of Health Promoting Schools with school communities?
- Question 4** What barriers were encountered that hindered the development of Health Promoting Schools with school communities?
- Question 5** Is Complex Adaptive Systems useful as a conceptual framework for exploring Health Promoting Schools?

### **1.5 Background and context**

Irish schools first engaged with the Health Promoting School concept in the early 1990s through their involvement in the European Network of Health Promoting Schools (ENHPS). Ireland initially participated with a pilot of 10 schools in 1993, which later extended to 40 schools involved nationally. One half of these schools were drawn from the primary sector and the remaining half came from the post-primary level. A National Co-ordinator (a seconded post-primary teacher) was appointed at that time (1993-1997) in a partnership context. That is, funding was provided by the Department of Education and Science (DES) and the Department of Health and Children (DoHC) to support the pilot.

Both the DES and the DoHC were, therefore, supportive of the HPS concept from the outset. Historically both departments would have had a positive experience of HPS implementation during this early involvement with the ENHPS. Furthermore, the development and support of the initiative created strong links and contacts with schools and between stakeholders from the different sectors. It is fair to say that the success of the initial foray in the HPS arena encouraged the DES to consider integrating Social, Personal and Health Education (SPHE) into school curricula at both primary and post-primary level. It also contributed to the DoHC assigning schools work to what had been to date largely generic Health Promotion Officer roles within the health sector.

During this period school curricula at both primary and post-primary levels were receiving significant attention within the DES as they were under review. The prospect of achieving the goal of getting SPHE introduced was, therefore, a very real one. Advocates for HPS from within the DES and the DoHC welcomed and supported the drive to see SPHE formally recognised as part of the curricula as they felt this would strengthen efforts to introduce a national model for HPS, which in their view provided the optimal environment and process for the full implementation of SPHE.

Conversely, in the early 2000s, developments in relation to HPS were hindered somewhat as a consequence of the concentration of efforts to introduce SPHE to the curriculum. This occurred over a period of time between 1999 and 2003. The introduction of SPHE was not unproblematic. Many aspects of the content of the subject matter proved highly contentious (physical health, mental health, Relationships and Sexuality Education, for example). Concerted efforts by those working in both sectors at the time were required to inform and persuade special interest groups such as national Parent bodies, Teachers' Unions and others, of the value of introducing SPHE and ensuring that the subject 'got over the line' as it were in terms of the development of the new revised curriculum. Thankfully, in 2003 the subject SPHE became mandatory in the curriculum at both primary and post-primary levels. However, the shift in focus of energy and investment to the curricular area in order to consolidate SPHE's position diluted to some extent the attention being given to HPS.

Unfortunately, this coincided at the time with the retirement of the initial National Co-ordinator for HPS – who was not replaced – and the duties and role of the co-ordinator were diminished by subsequently being conferred among multiple dispersed stakeholders. Moreover, no agreed national model of HPS had been put in place as Ireland had only recently concluded its pilot project with the ENHPS. Simultaneously, the DoHC was itself undergoing significant review and reform. During a considerable period of transformation (which is still ongoing) many of the former health board regions in Ireland experienced substantial boundary alterations and staff re-allocations, with further recruitment effectively restricted.<sup>2</sup>

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<sup>2</sup> Shortly after this time the economic collapse that was felt worldwide was to have significant further ramifications. As a consequence of the economic recession the Health Service

Left to their own devices as it were, and without national direction, those areas that had relevant personnel remaining began to evolve their own HPS processes and structures based on their individual interpretation of the ENHPS model and dependent on what resources were available locally. It was against this backdrop then that the Health Promoting School Network in the Midwest region that is the focus of my study was established in 2005.

### **1.6 Relevance of this study**

Before and throughout the period of investigation of this study (2005-2015) research highlighted again and again worrying aspects in relation to Irish children's health and the development of their overall wellbeing (HBSC [Health Behaviour in School-aged Children] Surveys; 2002, 2006, 2010, 2014; GUI [Growing Up in Ireland] data since 2006; CSPPA [Children's Sport Participation and Physical Activity Study] 2010; Mental Health Ireland, 2018; O'Keeffe and O'Beirne, 2014).

For example: one in four Irish children are overweight or obese (Layte and McCrory, 2009, 2011; Safefood, 2017), the proportion of children reporting not eating breakfast on any day of the week increased between 2010 and 2014 with more boys reporting not eating any breakfast on any day than girls (Gavin, Keane, Callaghan, Molcho, Kelly & Nic Gabhainn, 2015), only 19% of primary and 12% of post-primary schoolchildren meet the national physical activity recommendations, with girls less likely than boys to meet the recommendations and the likelihood of meeting the recommendations decreasing with increasing age (Woods, Moyna, Quinlan, Tannehill & Walsh, 2010). In addition, while there is positive association between promoting sport in school and elsewhere with academic achievement, 10% of active sports participants at primary school have been shown to drop out of sport by the first year of post-primary (Lunn, Kelly and Fitzpatrick, 2013). More alarming perhaps is that one in four children are unfit and have elevated blood pressure (Woods et al., 2010).

Mental health problems affect about one in ten children and young people (Mental Health Ireland, 2016) and the Mental Health Coalition has drawn attention to a number of key issues in this area, not least of which is that children face unacceptably

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Executive gave effect to an employment embargo that resulted in an almost complete ban on recruitment and of the filling of posts that became vacated. The employment control framework is described in HSE HR Circular 010/2009 that was instituted as part of the Moratorium on Recruitment and Promotion in the Public Services.

long waiting lists for mental health services and that there is a lack of focus on early intervention that could prevent future problems. Over 25% of children report being bullied in school once or more in the past couple of months while this statistic rises to 36% for 9-11 year olds specifically (Gavin et al., 2015) yet over one third of schools do not fully implement their Relationships and Sexuality Education programme (NCCA Research Report No. 7, 2008; Department of Education and Science, 2009). Quite strikingly over 14% of children reported that they have no source of information in terms of RSE (Morgan, 2016).

While there are many physical, cognitive and social benefits associated with children's independent mobility (which here refers to the amount of freedom children and young people have to get out and about on their own) there has been a significant decrease in the amount of mobility conferred on children in just one generation, today less than 25% of Irish primary school children walk to school compared to over 60% of their parents (O'Keeffe and O'Beirne, 2014). Irish children and teenagers are less independently mobile than most of their international peers, Ireland ranking 12th in a global study involving 16 countries (Shaw et al., 2015).

Issues such as those outlined above: increased levels of childhood obesity; increased levels of physical inactivity; the need to promote positive mental and emotional health; gaps in Relationships and Sexuality Education; a requirement to tackle bullying in all its forms; a decrease in the level of children's independent mobility and freedom and so forth have been termed in some quarters as 'wicked problems' (Conklin, 2010) in that the solution usually requires a large number of people to change their mindsets and behaviours. Additionally, the constraints that the problem is subject to, and the resources needed to solve it, change over time while various stakeholders hold different views and frames for understanding the problem. Schools are increasingly charged with addressing some of these very real issues confronting children and young people in Ireland today.

While research has been conducted internationally on Health Promoting Schools, Jourdan, Samdal, Diagne and Carvalho (2008) point out that health is not taken into account in the same way in educational policies in individual countries. This can, in their view, be due to the 'general political organisation, priorities, organisation and goals of educational systems' in the respective countries. Researchers have

highlighted the importance of developing context-specific evidence and some have issued provisos regarding replicating and transplanting various practices from one society to another (Sugrue, 1996; Gugglberger and Inchley, 2012). Sugrue (1996) states:

I am not suggesting that aspects of this international literature do not speak to current issues and internal rhythms of Irish schooling, but frequently there is a lack of ‘fit’ between the prescriptions and the strengths and traditions of our education system.

Such perspectives emphasise the need to develop insights into the Irish context in order to provide evidence that will be useful for those working in Ireland. While some small studies of the Irish situation with regards to HPS are reported in the literature, these largely consist of short term, single focus initiatives and consequently relatively little is known about the factors that shape the overall pattern of HPS implementation in the Irish context. This study aims to address this. An overview of the existing documentation of the Irish context is discussed in more detail in Chapter Two.

Over the period of investigation in this study substantial developments have taken place in the HPS arena. At a European level the ENHPS has been replaced by the Schools for Health in Europe (SHE) Network (in 2007/8) and Ireland began to actively re-engage with our international partners. This means that research in Ireland can be proactive in influencing as well as being influenced by international developments in relation to HPS.

While the HPS Network that is the focus of my doctoral study has been operational since 2005, any evaluation or writing up of the process has been limited and formally has consisted of my own work at Master’s level (completed in 2009 as a pilot for this work) and various presentations at stakeholder fora and a number of conferences. The dissemination of the learning from the development of this Network has, therefore, been limited and largely consisted of reports of the formative evaluations I conducted as the schools began to engage with HPS and move beyond the initial stages of the HPS process. The Network has undergone significant expansion over the time period and this too has affected its development and, therefore, this study will be useful for the stakeholders to hear about.

More recently, on the domestic front, recognising the need for a consistent approach to HPS, an inter-departmental group from the DoHC and the DES was established to

lead the development of a National Framework for Health Promoting Schools. This researcher was a member of the inter-departmental group and contributed to the development and subsequent publication of an agreed national framework in 2012. The framework outlines a co-ordinated approach to HPS and provides opportunities to create a strong evidence base for HPS in Ireland. My study therefore would contribute to the development of a culture of establishing and maintaining an up-to-date evidence base.

Even more recently, new formal structures and processes have been introduced in Ireland to support the delivery and implementation of HPS in a uniform and standardised way throughout the country. In 2013 a new National Co-ordinator for HPS was appointed and a regional structure established (in which this researcher participated 2013-2015). As you will see, while the Network I am focussing on in this research did influence national developments, it is now subject to the nationwide approach that is currently being adopted and embedded throughout Ireland.

While networks and networking have strongly influenced the development of the HPS concept at local, regional and international level, networks more generally have come to be recognised as an increasingly important feature of contemporary life. Hannon (2005:3) states that: “Networks are now the most important organisational form of our time, reshaping the activities of families, governments and businesses.” The literature regarding educational networks has been developed not just from education but also has been influenced by wider trends and practices in society. The growing consensus that ‘organisational isolation inhibits learning’ (Hannon, 2005:3) has led to more and more calls for schools to work in collaboration. Similar calls have also manifested in the Irish context and have been evident for some time. The research that I report on here will go some way to providing more information on how networks might operate in terms of the implementation of HPS.

In summary, it is timely and relevant to report more fully on the exploration I have carried out on the HPS process with the schools involved in the Network in the Midwest over the last decade. This can be used to help inform future strategy and development of the Network not just for the Network’s benefit but also to contribute to our understanding of HPS implementation in the national context and may also contribute to debates in HPS circles internationally.



## **1.7 Structure of this thesis**

**Chapter One** has introduced the topic under exploration in this thesis. It has outlined the research aim and objectives and detailed the research questions that are to be addressed. This opening chapter has also provided a brief overview of the background and the context for the study and discussed the relevance of the research.

### **Chapter Two – Health Promoting Schools**

This chapter considers the topic under examination in more detail. The literature on the evolution of the Health Promoting School concept, its process, methods of implementation, and how it has been evaluated is summarised in this chapter. Developments in Ireland in relation to Health Promoting Schools are also discussed. The chapter concludes by presenting a diagram of the model of Health Promoting Schools that was used to inform this study.

### **Chapter Three – Theoretical perspectives from other areas of the literature**

Besides the evidence on Health Promoting Schools, other broad areas of the literature were explored to refine the research questions and to inform my study and these are highlighted in this chapter. The challenges and opportunities faced by those trying to introduce change in schools required that I explore the literature in relation to partnership and collaboration as the HPS process adopts an inter-agency multi-disciplinary approach for its implementation. The literature in relation to models of leadership and change were also examined. The areas covered in this part of the literature review although crossing multiple disciplines have considerable degrees of inter-relatedness. Therefore, the literature, although presented under separate headings, has overlaps.

### **Chapter Four – Complex Adaptive Systems**

This chapter presents my conceptual framework that is drawn from the field of Complexity Science, namely Complex Adaptive Systems. Complex Adaptive Systems are defined and described. A critique of Complex Adaptive Systems is provided which outlines some of the limitations of adopting this type of framework. Two perspectives on Complex Adaptive Systems have been utilised in this study and each are discussed in detail in this chapter. The evidence reviewed in relation to Complex Adaptive Systems largely concentrates on considering schools from the perspective of social organisations.

## **Chapter Five – Methodology**

My research employed a largely qualitative case study approach. This chapter provides a justification for this approach and outlines the definition of a case and the unit of analysis that is utilised. A justification for the selection of the four cases, which form the centrepiece of this thesis is provided. The overall research design and the various methods that were tested in the pilot stage of this work are described. My role as the researcher and the challenges and issues in relation to my involvement in the development of the Network of Health Promoting schools are also discussed in this chapter.

## **Chapter Six – Case Studies**

This chapter presents the four cases that are the centrepiece of this work. The first case focuses on the Health Promoting School Partnership which acted as the Steering Group for the project from its inception. The origins of the Partnership and the composition of the working groups associated with it are described. The Partnership activities are explored and analysed. A significant proportion of partners have been interviewed as part of this research and their insights and experiences are presented and examined.

Three other cases are presented in this chapter and these each relate to an individual school in the Network. The format for each of these cases is the same. The school is profiled and a timeline of the school's engagement with HPS is provided. This is followed by a description of the school community's experience from the perspectives of a range of stakeholders (principal, pupils, teachers, parents). Each school is considered in terms of its HPS status (how well it meets the indicators of what a HPS is). The key points raised form the conclusion of each case.

## **Chapter Seven – Within-Case and Cross-Case Analysis**

In this chapter the findings from the cases are examined in more detail. Firstly, the data from the different stakeholders in each case is discussed in terms of identifying similar and /or contrasting perspectives. Secondly, the same stakeholder groups in each of the school cases are compared and contrasted to identify any overarching patterns in their views on health and their experience of HPS implementation. Thirdly, the cases are considered together in order to highlight the key themes identified in relation to the supports and barriers to HPS implementation and the

development of the HPS Network. The chapter concludes by considering the findings through a ‘complexity’ lens.

### **Chapter Eight – Discussion**

This chapter opens by outlining the main findings and summarising the key learning from the study. Recent developments in Ireland in relation to HPS are discussed. A consideration of the usefulness of the overarching conceptual framework is presented. The limitations of the study are described. The chapter concludes by making a series of recommendations in relation to practice, policy and further research.

The thesis also contains a detailed reference list and a comprehensive set of appendices that would be helpful to those beginning to implement Health Promoting Schools and for researchers interested in adopting a Complex Adaptive Systems approach in their investigations.

## **CHAPTER TWO – HEALTH PROMOTING SCHOOLS**

### **2.1 Introduction**

The literature on the evolution of the Health Promoting School concept, its process, methods of implementation, and how it has been evaluated is summarised in this chapter. Developments in Ireland in relation to Health Promoting Schools are also discussed. The chapter concludes by presenting a diagram of the model of Health Promoting Schools that was used to inform this study.

#### **2.1.1 Searching the literature**

Initially, relevant websites including the European Network of Health Promoting Schools and the World Health Organisation were consulted to access policy documents, reports, conference papers and relevant journal articles. The researcher completed training on how to conduct advanced searches of databases during the course of her doctoral studies and this led to a more systematic approach. I searched keywords, titles and abstracts in a number of databases. These included: Medline, PubMed, CINHALL Complete Eric, Apollo, RIAN, and EThOS.

A series of keywords was generated from the research questions; both controlled vocabulary (such as MesH Headings) and natural language were used as appropriate. A number of search statements were then produced and used on each of the databases. Search techniques including Boolean Operators, synonym's, date restrictions, truncation and wildcards were employed to expand and reduce search results as required. Apollo, RIAN and EthOS were used for identifying Grey Literature. Reference lists and bibliographies of some of the retrieved material proved useful in identifying further relevant papers. The author also drew on a range of unpublished material collected at various conferences and formal gatherings particularly relating to the discipline of health promotion.

### **2.2 Overview of the development of the Health Promoting School concept**

The World Health Organisation (WHO) has played a key role in shaping the conception and development of Health Promoting Schools. The Health Promoting School concept can be traced back to the 1950s when the WHO first established an Expert Committee on School Health Services. In the early 1960s a number of conferences and meetings took place between the WHO and the United Nations

Educational, Scientific and Cultural Organization (UNESCO) to determine how school health could be improved. International documents were produced, which detailed the steps involved in planning and implementing school health programmes (St. Leger, 1999). In the 1970s a significant building block was put in place through the Declaration of Alma Ata that identified numerous factors that influence health and provided a focus for governments to: ‘formulate national policies, strategies and plans of action...to focus on education as a means of preventing and controlling health problems’ (WHO, 1978).

Further developments occurred in the 1980s. It is probably fair to say that the single biggest milestone for the Health Promoting School concept was reached with the publication of the Ottawa Charter for Health Promotion (WHO, 1986). The seminal Ottawa Charter signified a formal shift in focus from health education to health promotion. The Charter outlined five key action areas <sup>3</sup> that together constituted a settings approach and provided a framework for schools to become healthy settings. In terms of health promotion, the WHO defines a setting for health as:

the place or social context in which people engage in daily activities in which environmental, organisational and personal factors interact to affect health and wellbeing (WHO, 1998a).

The settings approach adopts an ecological approach that sees health as the dynamic product of interactions between individuals and their environments (Dooris, 2006; Pearson et al., 2015). It recognises the connections that exist between different settings and acknowledges that “health is created and lived by people within the settings of their everyday life; where they learn, work, play and love” (WHO, 1986). The settings approach moves interventions upstream from defining goals and targets in terms of populations and individuals only, towards identifying goals that focus on changes in systems and the environment.

The period surrounding the development of the Ottawa Charter (late 1980s early 1990s) signalled a major shift in health paradigms around school health. Health

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<sup>3</sup> The five key action areas for health promotion activity outlined in the Charter:

- Creating supporting environments
- Strengthening community actions
- Developing personal skills
- Re-orienting the health services and
- Building healthy public policy

education moved from a bio-medical disease prevention model to a more open health promoting model in which lifestyles, as well as other factors that influence health, were addressed both through the curriculum and other activities in the school setting. The global developments in schools health promotion were sustained through subsequent international conferences and projects with Health Promoting Schools becoming well recognised as a comprehensive approach to health in, and with schools. A more detailed timeline of key developments of the Health Promoting Schools concept since Ottawa is provided in **Appendix I**.

The World Health Organisation (1996:2) describes a HPS as:

...one in which all members of the school community work together to provide integrated and positive experiences and structures which promote and protect health.

Stated concisely, a HPS is about developing a special focus on health in a school. It encourages school staff, parents and pupils to look at how healthy lifestyles and environments may be built upon within the school.

### **2.2.1 The European Network of Health Promoting Schools**

One of the initiatives that emerged after the wide dissemination of the Ottawa Charter that is important in the Irish context was the establishment of the European Network of Health Promoting Schools (ENHPS) in 1991. The main aim of the ENHPS was to positively influence the health and health behaviours of children (aged 4 – 18 years) in Europe by developing and disseminating evidenced-based health promotion programmes for the school setting. In developing as a health promoting school, schools would become healthy settings.

The ENHPS introduced new ideas and approaches to school health promotion and provided a framework for building these into school health in a systematic and coherent way. The project, therefore, provided the opportunity for a number of European countries (including Ireland) to pilot this approach to school health promotion.

While various models of HPS emerged in response to different contexts of implementation globally, ENHPS provided a framework to test a set of internationally recognised quality criteria to form a baseline of Health Promoting Schools in each

country. **Appendix II** provides a detailed description of the HPS criteria. The criteria developed to describe an HPS can be summarised under the following four components:

**Environment** – a safe, secure and stimulating place to work and learn in.

**Curriculum and Learning** – both formal and informal.

**Partnership** – between school, parents and community.

**Policies** – many school policies influence health and wellbeing.

These components reflect the general principles that underpin all health promotion work as outlined in the Ottawa Charter (participation, empowerment, sustainability, multi-strategic approaches, taking a holistic perspective, inter-sectoral working and equity - **Appendix III** provides an explanation of each of these principles). In my research various stakeholders' understandings of the concept of HPS are explored. The concept outlined above, in terms of the principles underpinning HPS, the action areas focussed on during HPS implementation and the criteria used to describe HPS are utilised to examine stakeholder perceptions in order to answer the first two of my research questions.

### **2.3. Developments in Ireland in relation to Health Promoting Schools**

Ireland became involved in the ENHPS in 1993 and as such was “an early adopter of the Health Promoting School approach” (Nic Gabhainn, O’Higgins and Barry, 2010:453). Between 1993 and 1997 forty schools (twenty primary and twenty post-primary) participated in the pilot programme and a set of nine criteria were agreed upon to benchmark Health Promoting Schools in Ireland (see **Appendix IV**). The Irish criteria were adapted from the internationally agreed ENHPS framework mentioned earlier.

Ireland’s participation was developed on the basis of an agreement between the Department of Education and the Department of Health. Effective collaboration between health and education sectors to address the health needs of children has been well established in the literature (Cushman, 2008; Barnekow et al., 2006; Lee , Cheng, Fung and St. Leger, 2007). In Ireland both departments and the European Commission funded the project. Local Health Boards also supported the process where Health Promotion Officers were in place. On completion of the European pilot project, priority was placed on the introduction of Social, Personal and Health

Education (SPHE) as a subject within the Irish curriculum at both primary and post primary level.

Significantly the Irish primary school curriculum was undergoing revision during this period. 1999 heralded the introduction of SPHE into the new revised curriculum along with other significant changes. These curriculum guidelines while not referencing Health Promoting Schools explicitly specified that SPHE be implemented in schools:

- As a discrete subject in its own right
- Integrated across the curriculum and
- In the context of a supportive environment.

(SPHE Guidelines – Primary School Curriculum, DES, Ireland 1999)

A summary of the key characteristics of the SPHE curriculum in Ireland is provided in **Appendix V**. In 2000 a formal partnership between health and education was established and this promoted inter-sectoral working and in particular fostered the understanding of how promoting health was a shared responsibility. At the turn of the century a number of national strategies and policies were produced which further supported HPS developments at the time.<sup>4</sup>

However, despite these positive developments no agreed national framework for HPS emerged. Following the completion of the ENHPS pilot project and the introduction of SPHE to the curriculum, a hiatus developed. This was not helped by significant upheaval at the political level which saw a re-drawing of health board areas, a restriction on staff recruitment and a consequent diminution in personnel and resources. In this lacuna, staff in different health board areas continued to develop their own HPS frameworks and models in order to maintain support for the evolution of HPS with whatever resources were available to them.

Large disparities in the level of provision emerged. Some areas were unable to establish any framework for HPS at this time. Other health board areas provided €500 grants annually to schools willing to engage in Health Promoting School schemes. In

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<sup>4</sup> For example: The National Health Promotion Strategy; A Health Promotion Strategy: Making the healthier choice the easier choice; Shaping a Healthier Future; Youth as a Resource; National School Lunch Policy; Nutrition Education at Primary School; Delivering Equality of Opportunity in Schools; School Development Planning; Review of the Health Promotion Strategy.



local terms this was quite a substantial budget to allocate, as in many cases schools would participate for at least three years. This was significant to provide for from a modest local Health Promotion Office point of view. No such funding was provided directly to schools in the Midwest area on which this study is focussed. Those areas which were supported by a grant allowed schools to become involved in small lower level initiatives that were largely topic based, - for example, Action for Life focused on Physical Activity, Healthy Lunchboxes focused on Healthy Eating, etc. and schools were required to match the funding they received through the grant from their own income streams and this was used as an indicator of the school's commitment to HPS. These schools submitted a detailed report on how the money was spent during the year and returned this to their local Health Promotion Office. Other areas such as the Midwest and the Southern Health Board region took a broader ENHPS approach (identifying multiple areas for development and prioritising needs) and incorporated a strong evaluative element. While schools in these regions did not receive direct funding, the approach to HPS incorporated the identification of needs in each individual setting so schools could justify the inclusion of HPS into their DES development plans, particularly in the area of self-assessment. In these instances school communities agreed to allocate staff time (in some cases establishing a Post of Responsibility for HPS where a teacher would agree to take on the role of local co-ordinator), increase parental involvement and pupil engagement in the development of the process and complete evaluations of on-going work. This required a much longer commitment and engagement with the process. In some instances health promotion personnel identified resources available which schools could avail of and supported the development of the capacity of the school communities through the funding and provision of various learning and development events.

In 2004 Senior Health Promotion Managers from across Ireland established a Working Group with representatives from each health board area to draft a proposal for the development of an agreed model for Health Promoting Schools for all of Ireland. This researcher was a member of the group representing the Midwest area. The group developed what came to be known as the 'Kilkenny Charter' that outlined a theoretical framework for Health Promoting Schools in Ireland and a standardised process for its implementation.

In January 2005 an interdepartmental meeting between senior stakeholders from both the health and education sectors was convened with the aim of working towards the introduction and endorsement of a uniform process of Health Promoting Schools nationwide. While the group met once more in April of that year (2005), they did not meet again until 2009.

In the interim, health board regions continued to support their existing plans and models of Health Promoting Schools locally. As a consequence of the inertia at national level, Health Promoting Schools developed then against a varied and complex background of national and local policy initiatives. The challenge at the local level was to create an implementation strategy that took due account of the full range of policy initiatives and which could later be integrated within a national structure, while at the same time ensuring that schools in the Midwest develop in such a way as to be recognised as health promoting schools.

In the Midwest the model and framework used to inform the ongoing work was the Kilkenny Charter that had its base firmly rooted in the ENHPS approach. In addition this researcher had been involved in completing an extensive baseline study of the health promoting status of all schools in the region that was published in 2004.<sup>5</sup> One of the significant findings of this piece of research was that 74% of schools indicated a willingness to participate in a Network of Health Promoting Schools while also identifying at least one health promotion need that required attention. Consequently the baseline study provided an evidence base that allowed the research team<sup>6</sup> to go to their respective line managers and request support for the establishment of a local Network of Health Promoting Schools in the Midwest. It was in this context then that the Health Promoting Schools Project in the Midwest came into being in 2005.

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<sup>5</sup> A baseline survey of all schools (approximately 400) in the Midwest region was conducted during 2004. Two reports of the study were published which were co-authored by this researcher:

- *The Health Promoting Status of Primary Schools 2004*
- *The Health Promoting Status of Post Primary Schools 2004*

<sup>6</sup> The research team comprised of this researcher, the SPHE Support Service Officer (Department of Education and Skills), the Local Health Office Manager (Limerick), the Community Dietitian (Limerick) and the Senior Health Promotion Officer (Midwest).

### **2.3.1 Further contextual developments**

There were significant developments in the education sector during the early years of the project that would have a bearing on the introduction of the Health Promoting Schools Project. Since 2000 Ireland has participated in PISA (Programme for International Student Assessment). PISA surveys the achievements of 15 year olds in reading literacy, mathematical literacy and scientific literacy. While historically Ireland would have scored above average in such international comparative studies, poor results in 2009 found Ireland below the OECD average for mathematics and only marginally above the OECD average for science and reading, which triggered urgent calls for action. This resulted in significant pressure being brought to bear on schools to focus more on the core curriculum to the detriment of what were considered ‘soft’ subjects such as SPHE and initiatives such as the Health Promoting School.

However, in the PISA report no account was taken of significant and profound changes that had taken place in the curriculum and student cohort over the previous decade in Ireland. Since the enactment of legislation which resulted in the mainstreaming of special needs students in 2005, up to 18% of students in second level schools were now being identified as having some form of special or additional educational need. Simultaneously due to immigration trends over the same period, the number of international students increased substantially from 2.3% of the cohort in 2000 to more than 8.3% in 2009, with many of these students having English language and other learning needs. Furthermore, some experts at the time pointed out that the decline in the scores were also partially due to the chance inclusion of a number of low performing schools which had not been included in previous rounds of the study and to the fact that there were now more weaker-performing students in the system because of less early school leaving.

These arguments were upheld to a significant degree when the 2012 and 2016 PISA scores were released, which showed that once again Ireland’s 15 year olds were among the best OECD countries in reading and well above the OECD average in mathematics and science. The more recent PISA reports showed that it takes time for initiatives to impact on performance. For example, particularly high scores in relation to science were acknowledged as being due to revisions in the science curriculum that was instituted in primary schools in 1999 (the same time as SPHE was first introduced to the curriculum). Significantly the OECD reports highlight that

compared to other countries Ireland's education system is more equitable than many others. While the PISA findings were welcome, it has to be recognised that the narrow focus on the 'three Rs,' as a result of the earlier phase of the study in 2009, did challenge schools that wanted to adopt new holistic, broad-based projects such as Health Promoting Schools. In an up-to-date study of health promotion in Danish schools the researchers explored the similar paradox of recent national school reform which simultaneously emphasises the importance of health and wellbeing and focuses on performance and accountability in terms of narrowly defined academic attainment (Simovska, Nordin and Madsen, 2016:480).

One of the most significant events that occurred during this period was the economic crash of 2007/8 that was to have profound social impacts far wider than the education or health sectors. Overall, children had a comparatively high exposure to poverty (see *NESC 2013 The Social Dimensions of the Crisis: The Evidence and its Implications*) as a result of the ensuing recession. The recession saw successive governments having to make substantial fiscal changes to redress the impact of the crisis. Reductions in some aspects of services (for example, Visiting Teachers for Travellers – a particularly vulnerable group in Ireland) and staffing (increased class sizes, reduction in starting salaries for Newly Qualified Teachers etc.) have resulted in hardship for individual schools and communities. Specific reductions in the education system impacted most on low-income families with children, particularly if the children have special needs. While attempts to protect the education budget from cuts were made, in terms of education spending, Ireland was ranked 30<sup>th</sup> out of 33 OECD countries in 2009, which coincided with a crucial stage of the Health Promoting School Project in the Midwest. In terms of the Health Promoting Schools Project, the economic context significantly curtailed activities and personnel who were trying to establish and maintain initiatives on the ground. Local budgets were heavily restricted as fiscal planning and decision-making once again became more centralised nationally.

### **2.3.2 Additional considerations**

At a European level the ENHPS was replaced by the Schools for Health in Europe (SHE) Network in 2007/8. The SHE Network is a Network of National Coordinators from 45 countries in the European Region which aims to support organisations and

professionals to further develop and sustain health promotion in each country by providing a European platform for school health promotion.<sup>7</sup>

In 2012, the Health Service Executive published two National Frameworks for Health Promoting Schools, one for each level – primary and post-primary.<sup>8</sup> This researcher was part of the inter-sectoral team that drafted and developed these documents that outlined an agreed model of Health Promoting Schools for Ireland and provided details of the steps involved in implementing the Health Promoting Schools process. The following year witnessed the instatement of a National Coordinator and the establishment of a regional structure to support the implementation of the agreed model of Health Promoting Schools. This researcher was appointed as a Regional Coordinator for Health Promoting Schools in the West area of the country (nine counties in total) at that time. With the re-introduction of the formal partnership between the Departments of Health and Education in 2014, the national Health Promoting Schools initiative was re-invigorated and progress has developed apace. So much so that since 2015 all schools were issued with a circular from the Department of Education directing them to consider the full implementation of SPHE in the context of Health Promoting Schools (Circular 0051/2015 in the case of Post-Primary Schools and Circular 0013/2016 in the case of Primary Schools).<sup>9</sup>

## **2.4 Linking education and health in a Health Promoting School context**

From a health promotion perspective, HPS is only credible in the context of integrating it into the educational agenda of schools. The revised Irish primary school curriculum witnessed the formal introduction of Social Personal and Health Education. While this was very welcome, advocates of HPS would consider that to ensure comprehensive whole school implementation of SPHE, the provision of an appropriate environment and process (the curriculum is viewed as only one element

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<sup>7</sup> The SHE Network provides easy access to information, good practice, contacts and exchange of information. International collaboration helps to minimize duplication of effort and to provide a framework that fosters and sustains innovation, See [www.schools-for-health.eu/she-network](http://www.schools-for-health.eu/she-network) for more details. Since 2014 Ireland has been represented by Joan Murphy (National Coordinator) from the Health Promotion Department, Health Service Executive.

<sup>8</sup> The Schools for Health in Ireland Framework– Primary (HSE 2012), has an accompanying School Coordinator Handbook. Similar resources are provided for Post-Primary Level.

<sup>9</sup> The circulars titled *Promotion of Health Lifestyles in Primary/Post-Primary Schools* formally acknowledge that schools and the wider education sector have a vital role to play in contributing to the ‘Healthy Ireland’ agenda that is being led by the Department of Health and is supported by the other Government Departments.

of HPS) would be to the forefront. Without this, informal processes (for example, support areas such as pastoral care, which are required to assist with the development of student potential and wellbeing) may be discontinued and/or sidelined. Consequently the recent issuing of the Promotion of Healthy Lifestyles in Schools Circulars is a very positive direction from the DES as it reinforces the need to implement HPS in order to realise the objectives of SPHE. This is the first time that the Health Promoting Schools concept received formal mention in a DES circular and the circulars strongly encourage Boards of Management of schools and principals to participate in the national Health Promoting Schools initiative.

## **2.5 International evidence of effectiveness**

Denman, Moon, Parsons and Stears (2002) have pointed out that the close correlation between educational attainment and health status (both current and future) is mirrored by similarities between an understanding of the effective school as a centre for learning and the health promoting school's own evidence of effectiveness. The interdependence of the education and health sectors is undeniable. The literature documents that healthy students learn better, and, that better educational outcomes lead to healthier lives (Caccamo, 2000; UK Department of Health, 2002; Konu, Lintonen and Rimpela, 2002; Australian Health Promoting Schools Association, 2000-2003; the EVA Project, European Commission, WHO Europe, Council of Europe, 1995; Denman, 1999, UK Department of Education and Employment, 2001, Wagner et al., 2006).

Significant meta-analyses and reviews of HPS interventions have been completed internationally. These include Stewart-Brown's (2006) Report on the evidence on school health promotion, and specifically the effectiveness of the Health Promoting School approach. This provided ample evidence of proven success in the areas of diet, physical activity, mental health, sexual health, substance misuse and sun protection. Lister-Sharp, Chapman, Stewart-Brown and Sowden's (1999) Health Promoting Schools and Health Promotion in Schools Reviews identified successes on similar themes. Both of these noteworthy meta-analyses highlighted that adopting an experimental or quasi-experimental approach really only provide partial explorations of HPS. This is largely because the experimental studies have not focussed on the holistic interpretation that underpins HPS – i.e. little or no consideration of

environment, curriculum and learning, policies and partnerships, but rather focus on short-term interventions.

For example, in the Lister-Sharp meta-analysis, over a 1000 abstracts were surveyed and it was found that of these 111 included useful background material (that is, contextual information), and furthermore only 12 could be considered as holistic if HPS principles are taken as the inclusion criteria for assessing the experimental approach to HPS evaluation. Only two of the studies were considered as adequately powered randomised control trials, which is the hallmark of the experimental design and none of the studies included all the components of HPS (identified by WHO, the SHE Network etc) which form the basis of the model in my work.

The Lister-Sharp review drew attention to the difficulties in adopting an experimental/quasi-experimental design in the school setting, mentioning the need to have control and intervention schools, the necessity to survey or make observations in different school years would distort the sample set, dilemmas in trying to define independent and dependent variables and the intermingling of variables. So, while the experimental approach allows a researcher to put an estimate on the change that may be due to the interventions, it does not give information on the context or the possibility that the change is due to other factors. Similarly, Stewart-Brown's (2006:17) report concluded that:

Programmes that were effective in changing young people's health or health related behaviour were more likely to be complex, multi-factorial and involve activity in more than one domain (curriculum, school environment and community).

Lister-Sharp et al. (1999) pointed out that successful school health promotion interventions with a major partnering component are nearly always resource intensive. This is a note of caution for initiatives such as the Midwest HPS Network which favours a strong collaborative approach and one to be particularly mindful of at times of extreme budget constraints.

The research literature strongly advocates for an active role for the whole school community, particularly regarding the role of students and parents, in the planning and delivery stage of the process. However, Clelland et al. (2013) identified some challenges regarding parental involvement in HPS in New Zealand. School principals

reported issues with managing food brought into school from home for example. The research also highlighted that there is minimal training for teachers on how to engage with parents and there were disagreements about what, if any, role teachers should have in ‘educating’ parents.

School programmes need to be sustained over several years and there is a need to ensure adequate attention is paid to building the capacity of teachers and schools through resources and training (Denman et al., 2002; Arthur et al., 2011; Jourdan et al., 2016). This was also a finding of my own Master’s study (O’Beirne, 2009; University of Cambridge, unpublished thesis). The evidence on Health Promoting Schools recommends autonomy for each school, with a limited number of actions being prioritised based on identified needs. Denman et al. (2002) further indicate that HPS projects need endorsement from senior levels in schools as well as from families and the community.

A more recent meta-analysis reported in the Cochrane Database of Systematic Reviews was carried out by Langford et al. (2014). Its objective was to assess the effectiveness of the WHO’s Health Promoting Schools framework in improving the health and well-being of students and their academic achievements. The researchers concluded that the overall quality of evidence was low to moderate and highlighted especially the lack of long-term follow-up data for most studies. (My doctoral work considers developments in the Health Promoting School Project over a ten year period). While the Cochrane Review found positive effects for some interventions (such as physical activity, fruit and vegetable intake, tobacco use, and being bullied, which mirrored Lister-Sharp et al.’s and Stewart-Brown’s findings), the researchers measured the effects as generally small. However, they did point out the interventions had the potential to produce public health benefits at the population level.

Both Lister-Sharp et al. (1999) and Stewart-Brown (2006) strongly indicated that multi-level approaches that address the social determinants of health are the most effective. Stewart-Brown highlighted that a whole school approach results in the most benefits and is the most effective. Most current school programmes for promoting health have holistic goals that aim to promote the health and wellbeing of the whole school community as well as to prevent disease. This is known as the ‘eco-holistic’ approach and is appropriate for considering complex institutions like schools.



Gleddie (2011) identified three themes for successful implementation of HPS in Canada. These themes were; Participation (in terms of engaging the whole school community), Coordination (in relation to the local, regional and national structures required to support the introduction and development of HPS) and Integration (within the curriculum so that HPS is not seen as an ‘add-on’). Gleddie’s research found that stakeholder involvement coupled with adopting a bottoms-up and top-down approach simultaneously proved was very important. The HPS implementation approach described in the study was shown to be particularly effective in developing and introducing health related policies for physical activity, healthy eating and mental wellbeing.

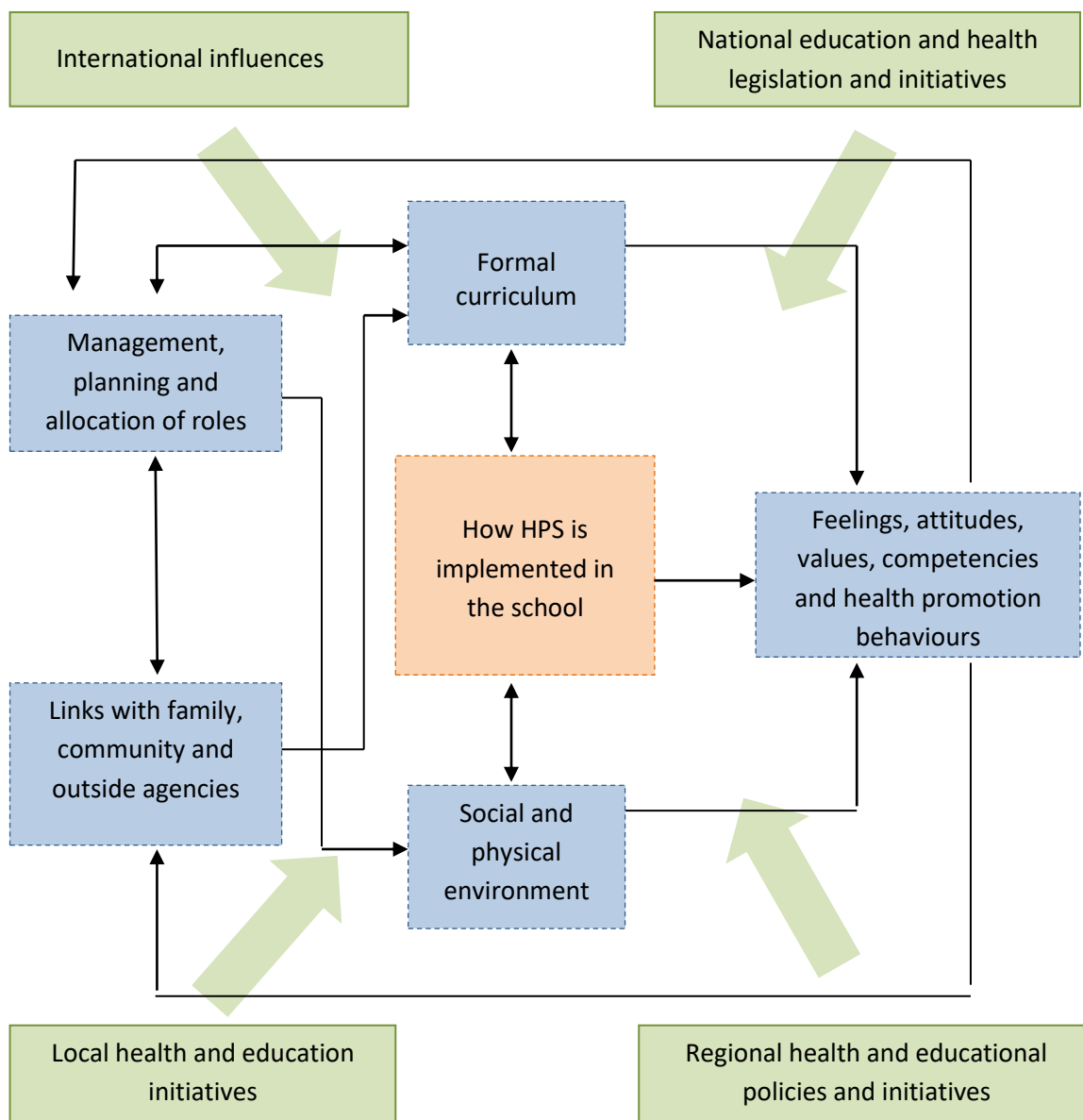
In a more recent Canadian study, the researchers compared a group of HPS primary schools with a group of schools without HPS implementation (McIsaac et al., 2017). While the study “did not find any significant differences between the schools, the results highlighted the complexity of evaluating HPS effects in the real world” (McIsaac et al., 2017: 279). The project also compared schools’ ethos scores and the findings here highlighted the link between high ethos and student wellbeing in school.

While acknowledging that recent reviews identified useful evidence about the contribution of comprehensive and integrated approaches to health promotion in schools, Pearson et al. (2015:1) chose to conduct a realist review of health promotion in schools programmes focussing on identifying conditions and actions which lead to successful programme implementation. The researchers developed stage-based theories regarding the evaluation of programme implementation offering insights into supports and barriers when preparing for implementation, during initial implementation, while embedding into routine practice and finally throughout adaptation and evolution. For example, steps to be taken at a senior level during the preparation stage around negotiation of programme delivery.

The model of HPS I chose for my Master’s research was based on an eco-holistic approach to HPS, adapted from the design developed originally by Parsons, Stears and Thomas (1996). This model was useful at the time as it allowed for both internal and external factors to be considered (see Figure 2.1).

**Figure 2.1: Eco-holistic model of Health Promoting Schools**

(adapted from Parsons et al., 1996)



From my perspective, adopting the eco-holistic paradigm did not dispense with the bio-medical view but chose rather to build on it. Parson's et al.'s model allowed me to consider my research questions at different levels, for example, change, leadership, collaboration, supports and barriers could be explored at the school level (micro) at the Network level (meso) and on a national and international scale (macro).

For me, Parsons et al. (1996) pointed to the need for initiatives that are comprehensive and operated within a policy and practice framework. Denman (1999) concurs and emphasises that the curriculum should focus on cognitive and social

outcomes, not just behavioural ones. Parsons et al.'s model remains relevant and is reflected in more recent approaches for implementing Health Promoting Schools. For example, Pearson et al. (2015:2) highlight:

The reality of implementing health promotion programmes in schools involves active engagement of a range of actors, and the adaptation of programmes to local contexts within a wider educational and public health system.

## **CHAPTER THREE – THEORETICAL PERSPECTIVES FROM OTHER AREAS OF THE LITERATURE**

### **3.1 Introduction**

Besides the literature that relates to Health Promoting Schools, other theoretical perspectives were explored as part of my literature review. The examination of diverse theories allowed me to consider my research from a range of perspectives. It helped me to refine the research questions and informed the focus of this study. This chapter provides an account of the literature explored under a series of themes:

Partnership and Collaboration, Change, Leadership and Systems Theory.

As this study explores an initiative that involved many stakeholders from different sectors, partnership and collaboration are of significant interest to this researcher. The first section of this chapter considers partnership and collaboration within school communities, and the discussion is also framed in terms of the potential and challenges of inter-agency working. How partnerships are defined and understood emerged as a key issue in relation to effective collaborative working.

Aspects of change are explored in the next section of this chapter. The establishment of the HPS Partnership marked a shift in how stakeholders worked together in relation to schools and the introduction of HPS was a relatively new phenomenon for most schools in the Midwest region. Different schools of thought on change and the models associated with them are presented, as is a description of the Change Cycle. Dealing with resistance to change is also briefly considered.

Leadership theories are assessed in the next section of this chapter as those tasked with leading and managing the introduction, maintenance and development of the HPS project have significant roles to play. Leadership for collaborative purposes and leadership practice which focuses on the interactions between leaders, followers and the context are also scrutinised. In addition systems leadership is discussed in relation to sharing learning beyond the boundaries of individual schools.

The final section of this chapter concerns Systems theory. Systems theory is a well-proven strategy for enabling organisational development and change and therefore, types of systems and the key principles which underpin the thinking in this area are explored. The chapter concludes by providing a summary of the key points raised under the themes outlined above.

### **3.2 Partnership and collaboration**

Partnership and collaboration are key principles underpinning all health promotion work (Ottawa Charter of the WHO, 1986; Egmond Agenda of ENHPS, 2002, SHE Network, 2015) and as such are important features of HPS implementation. When the Scottish Executive outlined its framework for developing all schools in Scotland as Health Promoting Schools it placed particular emphasis on the need for collaboration and highlighted:

Health Promoting Schools have a strong commitment to partnership working and collective responsibility that actively involves and reflects the views of pupils, staff, parents, the wider community and other key agencies. HPS seek to enhance and extend their expertise and resources by entering positively into partnership working. They offer many opportunities for pupils, staff, parents and key stakeholders to contribute to decision-making processes that lead to the development of school policies and health promoting practices.

(Scottish Health Promoting Schools Unit, 2005:18)

This research assumes that working in partnership in the school context offers the potential of multiple benefits. The literature would strongly contend that benefits from working in partnership accrue not only to children (who are the key beneficiaries) but also to their families, the school in general and the wider community. According to Epstein (2001) working in partnership can lead to improvements in ‘school programmes and school climate’, increased parental skills and leadership and from a community perspective it can ‘connect people’ (Epstein, 2001:403). The National Parents Council of Ireland (NPC) also advocate for collaboration stating ‘partnership between home and school is important’ and highlight that research shows that teachers do a better job and children do better, behave better and are happier at school where parents and teachers work closer together (NPC, 2004:4).

Galvin et al. (2009:12) point out that listening to the voice of the child is central to the development of effective policy and practice and has influenced Irish child-related social policy throughout the 1990s. In 1992, Ireland ratified the UN Convention on the Rights of the Child (UNCRC). Article 12 of the convention codified in international law the right of the child to have his or her views heard and given due weight in all matters affecting them (including their participation in HPS). As a signatory to the convention Ireland agreed to undertake all appropriate administrative

and other measures to implement Article 12. It is important to note that Ireland was one of three pilot sites in the development of the Council of Europe Child Participation Assessment Tool 2016. This highlights the culture of high-level commitment to child and youth participation in Ireland and the implementation of HPS reflects this value through encouraging and supporting children's full participation and engagement in the process.

In my research I have found the Lundy Model (Lundy, 2007) a useful tool for conceptualising a child's right to participation. The Lundy Model provides a framework of four elements; Space, Voice, Audience and Influence, each of which is fundamental to a child-centred, rights-based approach being adopted. The four elements of the framework are described as:

<b>SPACE</b>	Children must be given safe, inclusive opportunities to form and express their views.
<b>VOICE</b>	Children must be facilitated to express their views.
<b>AUDIENCE</b>	Children must be listened to.
<b>INFLUENCE</b>	Children's views must be acted upon, as appropriate.

The Department of Children and Youth Affairs has recently developed a cross-governmental resource titled National Strategy on Children and Young People's Participation in Decision-making 2015-2020, which has been informed by the Lundy Model.

Some researchers, such as Rudd et al. (2004) have stressed certain factors over others as good characteristics for successful collaborations. For example, they point to the significance of the quality of relationships between partners, whether in establishing new, or strengthening existing ties. Bryk and Schneider (2003:41) state that clarity regarding the obligations and expectations of others are vital for school communities to work together:

Distinct role relationships characterize the social exchanges of schooling: teachers with students, teachers with other teachers, teachers with parents and all groups with the Principal.

Clarity of definition and understanding of the nature of the collaboration has been shown to be a significant factor in the evaluation of many networks and partnerships (Sullivan and Williams, 2007).

More recently, Jones and Barry (2016:16) reiterated that: “intersectoral partnerships are an integral component of health promotion practice.” From the beginning the Health Promoting School initiative in the Midwest adopted a strong partnership approach, with local stakeholders from both the Health Service Executive and the Department of Education and Skills involved. While membership fluctuated over time, throughout its existence the Steering Group of the project has had representation from a range of services operating in both sectors. In contrast to the instability and uncertainty at national level with regard to Health Promoting Schools that has been highlighted earlier, the local Steering Group provided a reassuring constancy and certainty which lent robustness to the project from the outset and this was maintained almost constantly throughout the period under investigation (2005 – 2015). The Steering Group of the Network is examined in considerable detail in Chapter Six of this thesis.

### **3.2.1 Discussion of Definitions**

Unfortunately there is a certain amount of definitional chaos surrounding the literature on collaborative working. Simply ‘working together’ does not constitute collaboration or partnership. As Sullivan and Williams (2007) have pointed out above clarity of definition emerges as a significant factor in the evaluation of collaborative initiatives, particularly those that are cross-sectoral in nature. This is particularly important for my research because the network under examination is cross-sectoral (that is, it involves both the education and health sectors).

One of the immediate issues that emerged from the literature in relation to defining collaborative working was the wide ranging and sometimes interchangeable terms used to label partnerships and collaborations, for example, alliance, cluster, collaboration, cooperative, family, federation, group(ing), network, partnership, pyramid, and so on. Statham (2011:6) points out that there have been some efforts made to draw clear distinctions between the different terms (e.g. Percy Smith, 2005; Frost, 2006; CAAB, 2009; Owens, 2010). Alternatively, some research suggests that loose definitions regarding collaboration and partnerships, allows flexibility for

multiple interpretations (Ling, 2000) and that this can reduce the possibility of excluding potential stakeholders (McLaughlin, 2004).

As my study is focussed on the development of a school network this necessitated a close examination of the literature that relates to collaborative working between schools. The concept of ‘grouping’ or ‘clustering’ is a relatively recent occurrence in Irish education. Historically schools in Ireland have tended to work as independent, isolated units with little or no collaboration between schools. This is compounded by a strong tradition of individual teacher autonomy. Elmore (2004) suggests that a solo approach to teaching and learning (which is relevant in the Irish context) can trigger competition rather than collaboration. The growing consensus that ‘organisational isolation inhibits learning’ (Hannon, 2005:3) has led to more and more calls for schools to work in collaboration.

Many researchers, who also have key stakeholder roles in the Irish education sector, have recommended schools engage in collaborative activities and arrangements (Irish National Teachers Organisation, 2003; Irish Primary Principals Network, 2004; the Teaching and Learning in the 21<sup>st</sup> Century Project, TL21 National University of Ireland, Maynooth, 2015).<sup>10</sup>

As far back as 1995 the Government White Paper, *Charting Our Education Future* (1995), suggested the development of ‘networks’ as a means of providing mutual support for Principals, transferring good practice among schools, identifying training needs and developing school planning processes. Despite these recommendations it has been noted that in practice an ad hoc approach to collaborative work in Ireland has developed and there is a lack of appropriate guidelines (McInerney, 2005). My research adopts a broad definitional approach to collaborative working that offers

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<sup>10</sup> The key insight and policy recommendations of the Teaching and Learning in the 21<sup>st</sup> Century Project, for example, are that a participatory workshop model of continuing professional development for teachers, organised through regional clusters offers a very productive way of bringing about benefits such as strengthening teachers’ capacities as the authors of their own work and their own best critics, enabling students to become active and responsible participants in their own learning and enhancing the leadership capacity in schools both in vision and action. The project avails mainly of an action research approach where participating teachers use ideas from educational research to promote changes in their own practice and in the learning environments (settings) where they work.



sympathy with the inclusive approaches mentioned earlier by Ling (2000) and McLaughlin (2004), as the network I am exploring is cross-sectoral in nature.

The definition of the Scottish Health Education Board (2001) states that partnership occurs:

where two or more organisations make a commitment to work together on something that concerns them both, develop a shared sense of purpose and agenda and generate joint action towards agreed targets.

However, this definition precludes collaborative work that develops internally within school organisations and further assumes that those involved will have the same understanding regarding the structure and nature of the activities involved.

My research considers collaborative working between schools (inter) as stated earlier, but also considers collaborative working within schools (intra). Therefore, a wider definition that considers collaboration both externally and internally is more suitable for my research perspective.

A different understanding of collaboration can be seen in Gray's (1989) contribution where collaboration is presented as a 'mechanism by which a new negotiated order emerges among a set of stakeholders'. Gray's conceptualisation recognises that collaborations can be imprecise, emergent, exploratory and developmental in nature, while at the same time emphasising the collective nature for devising strategies of action. This understanding of collaboration is particularly compatible with my research project on the development of the HPS Network in the Midwest and as you will see resonates very well with my chosen overarching conceptual framework of complex adaptive systems.

### **3.2.2 Partnership formation**

The Audit Commission (UK, 1998) pointed out that partnerships frequently evolve as a consequence of new directions in government policies with requirements to implement strategies regarding them, in a collaborative way. This is mirrored in Ireland, where very often, clustering for collaborative work between Irish schools has come about in response to mandated direction from central government and has been aligned by the DES.

The literature suggests that this may not be the optimal way to proceed. Hargreaves (1994) has warned that mandated collaborations ‘administratively constructed’, or what he calls examples of ‘contrived collegiality’, substitute for more evolutionary and spontaneous forms of collaboration that can naturally occur in and between schools. However, Hargreaves does concede that in some instances contrivance may be necessary to form a relationship that can possibly facilitate collaboration later on.

Collaborations often develop in situation where individuals or organisations recognise that they face particularly difficult problems they cannot address on their own, what Williams (2007) terms ‘wicked issues’. Health promotion could be considered one such issue. Some commentators have suggested that ‘health promotion can sit somewhat uncomfortably within schools, often remaining a marginal aspect of teachers’ work’ (Jourdan et al., 2016). This is relevant to my study on the HPS Network as it is based on the idea that education and health are symbiotic. There is a close and long-term interaction between these two spheres. Substantial evidence in the literature indicates that health is determined by a broad range of determinants (WHO, 2008; Graham, 2004; Marmot and Wilkinson, 1999) with education identified as one of the significant factors to have a bearing on health status. Consequently there is likely to be ever more increasing emphasis on developing existing and new partnerships between these two sectors into the future.

### **3.2.3 Structures for collaborative working**

Different structures for collaborative working have developed as a consequence of the rationale underpinning their formation. A diverse range of collaborative working structures and formats are described in the literature. Table 3.1 (adapted from McInerney, 2005) provides a summary of the various features of different partnership formats. Some partnerships may have elements drawn from a number of the options outlined in Table 3.1. Relevant features are considered further in the analysis stage of my study of the HPS Network in the Midwest of Ireland.

**Table 3.1: Partnership formats and their key features**

<b>Voluntary</b> Partners come together of their own volition, usually with shared concerns.	<b>Prescribed</b> Involvement is mandated or aligned by external source.
<b>Horizontal</b> All participants are viewed as equal members.	<b>Vertical</b> Often hierarchical with one or more of the members seen as ‘experts’ or ‘drivers’.
<b>Cross-sector</b> Participants from different sectors are involved in the partnership.	<b>Single sector</b> All participants operate within one clearly defined sector e.g. Education
<b>Cross-phase</b> Work of partnership is on-going and evolving.	<b>Single phase</b> Participants come together for the purpose of specific initiative over specified timeframe
<b>Geographical</b> Partnership based in region or proximity of members to certain location.	<b>Subject-based</b> Focus is on one particular aspect/topic of the curriculum e.g. music, language

McGrogan (1996) in contrast to McInerney (2005) has devised a continuum of collaborative relationships ranging from:

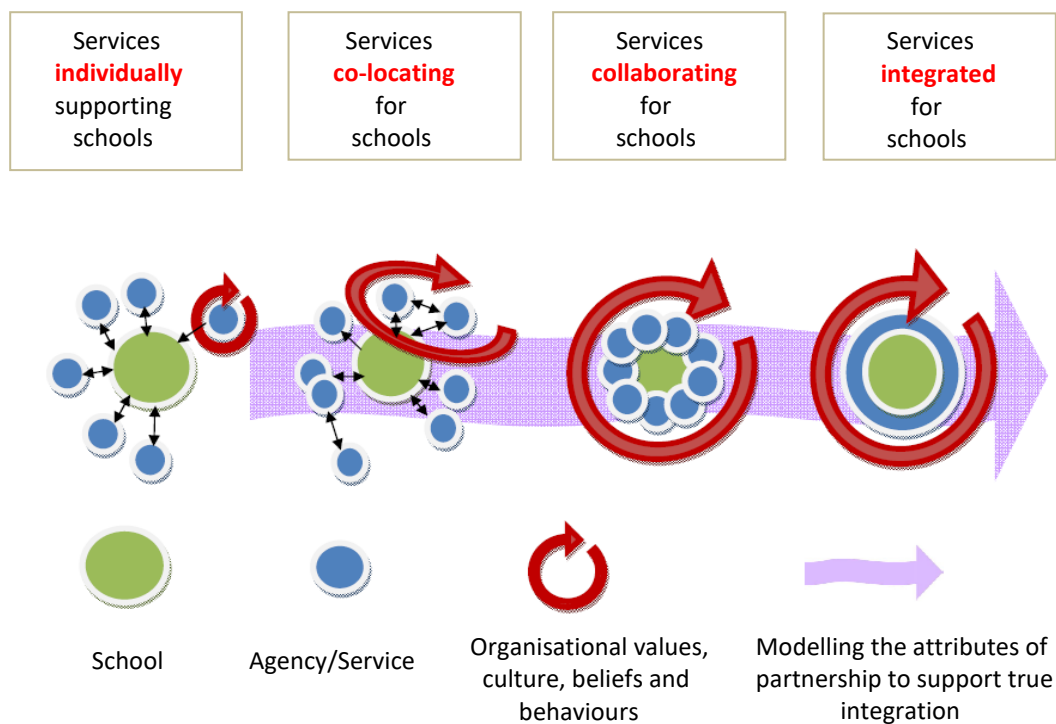
Association → Co-operation → Partnership → Confederation

However McInerney (2005:75) considered that this continuum is not helpful in an Irish context as:

Such representation would be inappropriate due to the diversity of clustering arrangements that each school engages with; the ambiguity as to what comprises a collaborative clustering arrangement, and the absence of guidelines or formal support to enable cluster development.

A continuum that may be useful is presented below in Figure 3. 1. This continuum (which I have adapted from the Tusla, Child and Family Agency’s Meitheal Model for working with families and children, 2015) considers schools in the context of partnership working between services.

**Figure 3.1: Continuum for partnership working**



The continuum presented in Figure 3.1 is useful for thinking about the HPS Partnership as it functions at a number of levels: strategic, operational and front-line. The diagram illustrates that the school is at the centre of the services efforts at all stages of the continuum. However, in some instances each agency/organisation may be working individually with the school and have little or no communication with the other services engaged with the school. In terms of services co-locating, this usually happens when some of the organisations working with schools have similar cultures, ethos and philosophies and so can communicate better with each other. It is also very likely that they may be providing similar or the same services to the school. When services/agencies are collaborating then all the organisations are communicating effectively and a multi-agency outcomes focussed plan may be developed for the whole school community. This means that there is a holistic approach to the development of each school with a consistent process adopted to meet its needs. Collaboration also avoids duplication of service delivery. At the far end of the continuum integrated working would entail changes in how services are delivered to schools. In this context some pooling of resources and shared funding would likely result.

Inter-agency working is usually defined as more than one agency working together in a planned and formal way and so is closer to a collaborative rather than an integrated model of working. One of the significant features of inter-agency working is that it can involve different service level dimensions (that is, strategic, operational or front-line delivery with an individual school). HPS implementation by and large fits closest to the collaboration part of the spectrum presented in Figure 3.1 but as you will see there have been some instances where integrated working has been exhibited in the HPS Partnership in the Midwest.

### **3.2.4 The challenges of inter-agency working**

It is clear from the discussion above that forming partnerships is not without its challenges. Statham (2011) provides a summary of the main barriers to the effective inter-agency working, identified through a review of the international evidence on inter-agency working. Statham classifies potential obstacles into organisational challenges, cultural or professional differences, commitment obstacles and possibly most significantly contextual barriers.

In terms of organisational challenges, barriers can be posed by differing agency policies and systems. For example: various procedures for seeking approval to participate; different levels of decision-making authority etc. Furthermore agencies have different remits, can collect data in different ways and for different reasons and there can be legitimate professional, technical or ethical obstacles to information sharing.

Cultural and professional obstacles can also act as barriers to effective inter-agency working. Professional stereotyping and different professional beliefs can pose challenges for those working in partnership and can lead to hierarchies developing within groups. For example, partners may place various values on differing levels of qualification and experience. These potential barriers highlight again the need for clarity around roles and responsibilities and sufficient time being given to develop trust and strong relationships between stakeholders. Good induction processes are likely to be beneficial in this regard. This is important because there can be differing levels of ‘buy-in’ from partners particularly at the initial stages (with some agencies needing more time to explicitly commit to inter-agency working). The research shows that where managers do not experience inter-agency working as part of their

core work it is vulnerable to changes in work priorities. This is significant in the HPS context as it is not a mandated process.

In terms of contextual barriers highlighted by Statham (2011:14) one is the cost associated with networking in rural areas. Ireland has a highly dispersed population settlement pattern and the location of schools reflects this reality. Another potential obstacle to inter-agency working is that different agency boundaries may not overlap. For example, one of the stakeholders in the HPS Project is the HSE. HSE personnel can operate within county lines or fall under a regional structure such as the Midwest which encompasses three counties while another partner in the project i.e. Education Centres, adhere to different boundary lines.

Perhaps the most important contextual obstacle emphasised by Statham is change at the national level, that is, changes to the political climate and policy direction etc can have a significant effect at ground level. During the lifespan of the HPS project the political domain in Ireland has witnessed substantial upheaval and uncertainty. Additionally and related to this, local needs may be at odds with national priorities. Increasing calls for standardisation can result in the uniqueness of each school community's needs being overlooked. Agency reorganisation and a climate of constant organisational change which has been a feature of the sectors involved in the development of the HPS Network, can lead to what has been termed 'repetitive change injury' (Harris, 2007). Continuous rounds of change have been shown to have corrosive effects on organisations and in some instances render change slower (Abrahamson, 2004). Change experts advise organisations to monitor for initiative overload, change-related chaos, employee dejection and even burnout. This is important for the HPS Project because it is one of a large number of initiatives that schools are invited to participate in voluntarily each year and this is besides any mandated changes schools are required to develop/implement on behalf of the DES on an ongoing basis.

### **3.3 Change**

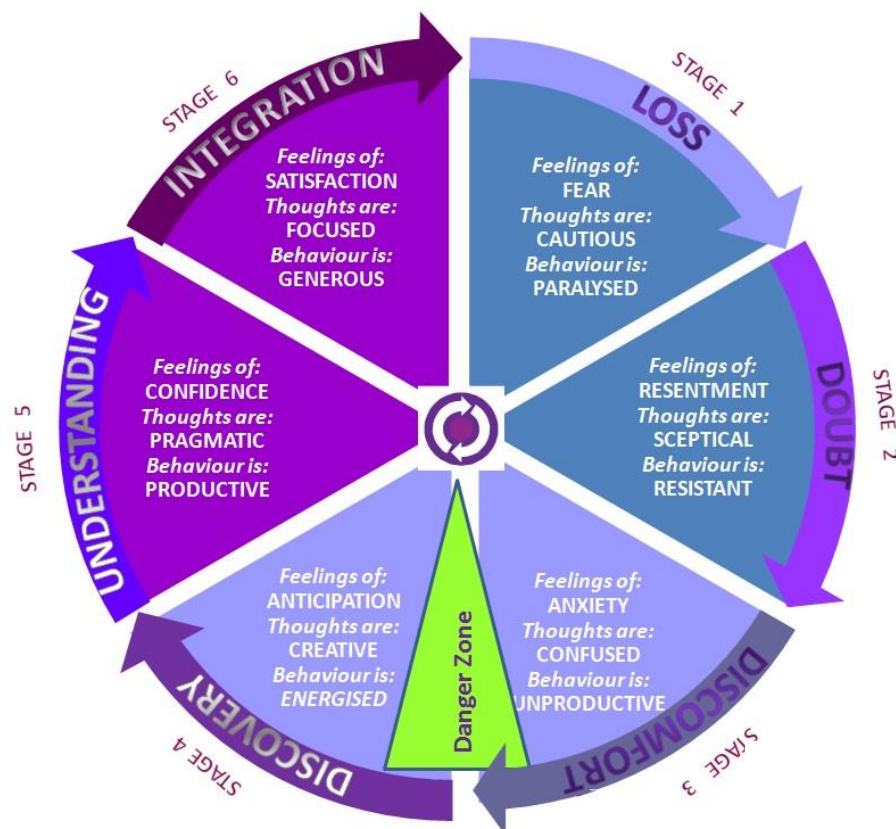
There is a wide-ranging literature on the topic of change. These span from Taylor (1911) who established the initial concepts of the Scientific Management approach, which connected performance to rewards based on the ‘carrot and stick’, to the thinking of the Classical school of the early 20<sup>th</sup> century, which emphasized that change could be achieved through “specialization of work, unity of command and coordination of activities” (JISC, 2011). Later perspectives promoted the idea that change can be brought about by altering the behaviour of individuals, or groups and teams (Lewin, 1947) or through technological advances (Pearson and Young, 2002). Understandings of innovation evolved to include the bureaucratic interpretation of change, which emphasized adherence to procedures, policies and consistency in management that were underpinned by assumptions of rationality and uniformity. Significant models such as Kubler-Ross’s (1969) which describes change in the context of the different stages of grief relating to illness and bereavement, and Kotter’s (1995) eight step model for organisational change in business environments have had lasting impact.

The earliest schools of thought on change management are often characterised as the ‘Mechanical’ school and are largely rooted in engineering concepts. These models commonly refer to change in terms of ‘re-engineering’, ‘efficiency’ and relate to closed systems. In the 1950s the ‘Biological’ school provided models of change where change was considered evolutionary. Here the ideas of ‘adaption’ and ‘repositioning’ and ‘congruence’ emerged as part of the change discourse. Later on in the 1980s the ‘Interpretative’ school relied on cognitive models and considered change in the context of systems that generated meaning. The dominant concepts for this period were; ‘reframing’, ‘renaming’ and cultural change. More recently advocates for the introduction of a complexity lens to change management have begun to use the language of ‘participation’ and ‘renewal’ highlighting the need to engage with people from the beginning in order to drive improvement.

#### **3.3.1 The Change Cycle**

While various models of change have been presented most share reliance on the core concept commonly understood as the Change Cycle. Figure 3.2 provides a depiction of the Change Cycle as developed by Brock and Salerno (1994, updated 2008).

**Figure 3.2: Brock and Salerno's (1994) Change Cycle**



The outer ring of this model depicts the primary experience of the individual undergoing change. Brock and Salerno felt that close attention should be paid to Stages I and 2 and at the Danger Zone. A degree of caution was recommended for Stages 3 and 4 while Stages 5 and 6 allowed freedom to move forward. For each stage the model provides examples of the characteristic feelings, behaviours and mental aspects expected as responses to change.

Johnson and Scholes (1988) highlight the importance of understanding culture in order to understand the context for the change process. Their paradigm presents a series of interacting elements that are used to draw a 'cultural web' which could be very useful in the context of introducing an initiative such as HPS to schools. The six themes presented in the cultural web relate to: rituals/routines, stories/myths, symbols, organisational and power structures and control systems.



The various elements of the Johnson et al. (2012) model raise specific questions to be addressed. The element of Routines questions about how we do things around here. The element of Myths asks about the stories that are told in the organisation which can be used to indicate what is really important to its members, that is, who are the heroes and who are the villains? The element of Symbols suggests exploring the trappings of power and hierarchies and how they manifest in the organisation's culture. These are often overlapping and linked with other elements in the model such as the Power and Organisational structures, and Control systems which explore where the true power lies and what systems of measurement and rewards are in place.

Another model of change is of interest here in terms of preparedness for change. Ansoff and McDonnell (1990) suggest that organisations perform best when their assertiveness and responsiveness match what they termed as 'the level of turbulence' in the environment. In this model the levels of turbulence range from the wholly predictable (that is, the future is expected to be the same as the past) to the completely unpredictable occurrence (for example, unexpected events arise too frequently or too quickly for the organisation to react effectively, the extreme being what Taleb (2007) has coined a 'Black Swan' event). <sup>11</sup>

### **3.3.2 Resistance to change**

It is clear that change leads to uncertainty whichever model of change is considered. It should be anticipated, therefore, that when organisational change is introduced resistance to change is likely to be encountered as this is one of the most common obstacles identified in the literature. Resistance to change can occur at the individual or organisational level. Individual resistance can arise for some people who are directly affected by the change, triggered by fear of the unknown, concern about loss of status or their perceived lack of skills in the new situation. Organisation resistance can occur when there is a mismatch between the organisation's mission, objectives or culture and the change plan. In some instances there is nostalgia for how things were

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<sup>11</sup> A Black Swan event is characterised as a rare and unpredictable event that has extreme impact. Taleb (2007) contends that one should not attempt to predict such events but rather should aim to build robustness to counteract negative events and exploit the full potential of positive events.

while in others there may be a lack of sufficient resources to fully implement change. Occasionally resistance from senior members of staff can block change for an entire organisation. Force Field Analysis (Lewin, 1951)<sup>12</sup> is one way of identifying where resistance is coming from. This tool analyses the situation and gives a structured way of looking at how to overcome the most significant restraining forces (Lewin, republished 1997).

While some changes can never be anticipated (their very nature being defined by their unpredictability) this does not mean that change is totally unmanageable. Problem solving is an essential part of making change happen and understanding, anticipating and recognising potential barriers may help overcome some obstacles and strengthen organisational resilience for further changes. Table 3.2 presents some of the strategies that may be employed for overcoming resistance to change that have been documented in the literature, along with the pro's and con's associated with each.

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<sup>12</sup> Lewin claims an issue is held in balance by the interaction of two opposing sets of forces – those seeking to promote change (driving forces) and those attempting to maintain the status quo (restraining forces).

**Table 3.2: The pro's and con's of various strategies that may be utilised to overcome resistance to change**

STRATEGY	PRO's	CON's
<b>Education and Communication</b> Everyone is made fully aware of plan and why change needs to take place.	Persuades people of the need for change Especially useful when inadequate information available	Very time consuming
<b>Participation and Involvement</b> Active engagement of everyone involved in the change supported by regular feedback	Leads to better commitment Especially useful where leaders do not have all the information needed to design the change	Needs careful handling to ensure consistent application
<b>Facilitation and Support</b> Providing positive support for people in new situations	Allows people to be clear how to fulfil their new roles and to feel supported	Can be quite expensive and may not have desired results
<b>Negotiation and Agreement</b> Listening and analysing all perspectives and reaching realistic and acceptable agreement on the way forward	Can be used to tackle a specific clearly-identifiable group	Can be expensive if used frequently
<b>Manipulation and Invitation</b> Using all powers and resources available to ensure everyone involved has a say	Increases awareness Reduces resistance by increasing morale	Can sometimes be used negatively to undermine those who are resistant to change Can lead to loss of credibility
<b>Implicit and Explicit Coercion</b> Should be used as a last resort only		Can reduce morale Can reduce self-worth of individuals affected by change

### 3.3.3 Managing Change

In the main, perspectives on change promote the idea that successful change is planned change and that monitoring of internal and external influences should be conducted routinely. According to Burnes (2009):

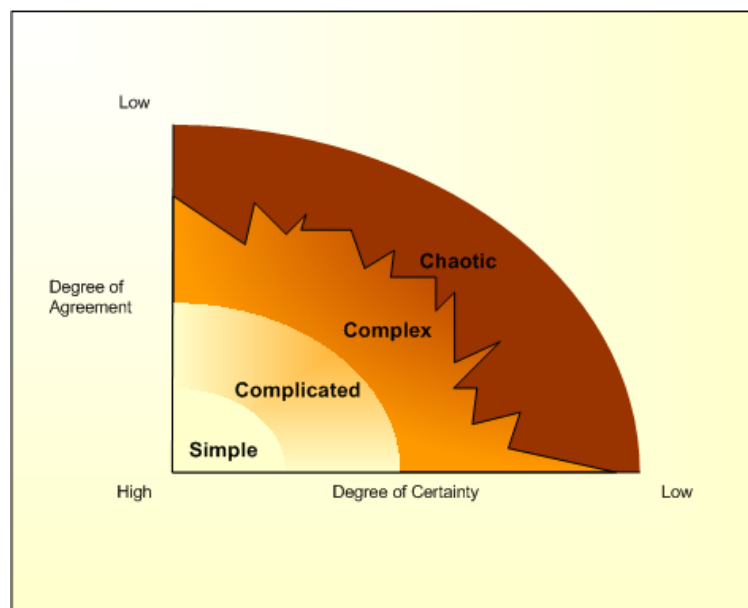
organisational development has moved considerably away from its roots in group-based and planned change and now takes a far more organisation- and system-wide perspective on change (Burnes 2009:346).

Stacey (1996) points out that in complex environments:

the real management task is that of coping with and even using unpredictability, clashing counter-cultures, disensus, contention, conflict and inconsistency.

Stacey (1996) highlights the paradoxical nature of organisations and situates organisations within an agreement/certainty matrix to explain change (Figure 3.3).

**Figure 3.3: Stacey's Agreement versus Certainty Matrix**



Adapted from Stacey, Ralph D. (1999). Strategic Management & Organisational Dynamics: The Challenge of Complexity

In Stacey's matrix, the degree of certainty on the bottom axis refers to the links between cause and effect. When there is a clear understanding and likelihood that particular effects will result from a particular cause then one is close to certainty (somewhere in the 'simple' zone). When the cause and effect linkages are not clear then decisions and issues are located at the other end of the certainty continuum. Similarly, the vertical axis locates an issue or decision depending on the level of agreement that exists about particular outcomes.

Much of the management literature and theory around change deals with issues that are close to certainty and close to agreement. Commonly, data is gathered from the past and is used to predict outcomes. This is fine when dealing with issues in the simple zone of the matrix as cause-effect linkages can normally be determined and usually similar issues or decisions have been successfully dealt with in the past.

In the complicated zone different issues can arise. In some instances there may be high levels of disagreement about which outcomes are the most desirable, in others there may not be much certainty about the cause-effect linkages needed to bring about desired outcomes. Strategies have been devised to cope with these conditions, for example, when there is disagreement about outcomes, coalition building, negotiation and compromise can be used to develop the agenda and direction. When uncertainty

about cause and effect are prevalent a strong sense of shared mission and vision can support or even substitute for specific plans.

When conditions are chaotic there are high levels of uncertainty and disagreement and this is not good for any organisation, least of all schools. The previous strategies are not sufficient to deal with conditions such as these and consequently the tactic of avoidance is very often deployed in this situation. However, this may not be the best stratagem in the long term. Zimmerman (2011) recommends trying to identify emerging patterns that could help point the way forward out of disorganisation.

The area between the complicated zone and the anarchic regions of chaos is termed the zone of complexity (sometimes also called the edge of chaos). Organisations or systems located in this zone are simultaneously pulled towards stability by a variety of forces: human need for security and certainty, maintenance controls, adaptation to the environment, need for integration on the one hand: while on the other, forces of division, decentralisation, isolation from the environment or desire for excitement and innovation pull the organisation towards the opposite extreme of unstable equilibrium. Consequently organisations located here exist in a state of flux where the internal dynamics lead to irregular cycles and discontinuous trends. From this perspective while step-by-step analytical reasoning or planning or ideological controls may be implemented in the short term, individual agents within the system cannot control its long-term future.

In terms of applying this thinking to the schools context, Morrison (2002:189) speaking about complexity in relation to school leadership advises that:

Complexity is a reality: it is happening; it is working in practice, whether we like it or not. Though its message is unsettling, for it argues that long-term planning is futile, that control is a chimera, and that the power of the bosses is limited, it is descriptively accurate.

While attempting to manage change may be ‘unsettling’ as Morrison suggests, it should be noted that adopting a complexity approach focuses less on diagnosing problems and more on identifying opportunities to learn and generate energy for growth and development.

### **3.3.4 Implementation Science's view of systems change initiatives**

The National Implementation Research Network [NIRN] (2016) promotes Implementation Science as a useful way of studying the implementation of evidence-based programmes and practice. This approach recognises that developing effective interventions is only the first step in the journey. It differentiates between stages of implementation highlighting that practices that occur at the beginning may be different from those that occur when a change has become well established within an organisation. Consequently it advises implementation factors be monitored on an ongoing basis. The NIRN provide guidance on the different stages of implementation.

The first stage is Exploration. During this stage, need is identified, information about the context is established and the organisation begins to prepare for the introduction of the new programme/practice. This is followed by the Installation stage where potential resources and supports are harnessed and energy is expended on building a supportive environment to prepare for the delivery of the new practice. At the next stage – Initial Implementation – change must occur at multiple levels. It should be noted that it is common for organisations to meet some resistance during this stage and also that implementers may likely make some missteps along the way. At Full Implementation new learning has become integrated within the organisation and practices hold fidelity to the new model of practice. This stage usually takes two to four years to complete. (This is a similar length of time which the HPS Partnership acknowledges is need for schools to complete one full cycle of the HPS process). The Innovation stage may see some adaption taking place at each unique site to ensure successful implementation of the programme. The NIRN emphasise that this should not be confused with model drift. The ongoing monitoring of the programme helps to ensure fidelity. The final stage is Sustainability where the programme has become fully embedded within the organisation, supportive policies have been enacted and any transitions (for example, change in personnel) are handled successfully.

This approach allows for the possibility to examine change over time. It also provides opportunities to identify drivers of change and factors that influence

outcomes at different stages.<sup>13</sup> Implementation Science recognises that system initiatives are not homogenous. System initiatives attempt to change different aspects of systems and in the context of schools they may be at very different stages of development, that is, the context and readiness for change may vary. This is useful in terms of exploring the supports and barriers to the development of the HPS Network, the key questions for my study.

Many of the categories of change that have been discussed so far relate to the extent of the change and whether or not it is seen as driven from the top-down or characterised as organic (bottom-up). Additional literature suggests that it is advantageous to consider the nature of change that you wish to effect (Iles and Sutherland, 2001). Bearing this in mind, Ackerman (1997) provides another perspective distinguishing between three types of change:

**Developmental change** is characterised as either planned or emergent. With planned developmental change, change is deliberate, often focussing on improving skills or processes. Emergent change on the other hand appears to spontaneously unfold, sometimes attributed to ‘drift’ (seemingly disparate and unrelated decisions shape the change process) or to external or internal forces outside the control of managers.

**Transitional change** may be episodic, planned or radical. Weick and Quinn (1999) characterise episodic change as ‘*infrequent, discontinuous and intentional*’. Continuous change on the other hand is ‘*ongoing, evolving and cumulative*’. Whether episodic, planned or radical - transitional change aims to bring about a new desired state that is different from the existing one.

**Transformational change** is radical in nature and requires the organisation and its members shift their assumptions. Radical changes usually result in high levels of disturbance where structures, processes, culture and strategy may be altered very

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<sup>13</sup> The NIRN have identified specific drivers of effective implementation, their relative importance varying depending on the stage of implementation. There are three categories of drivers:

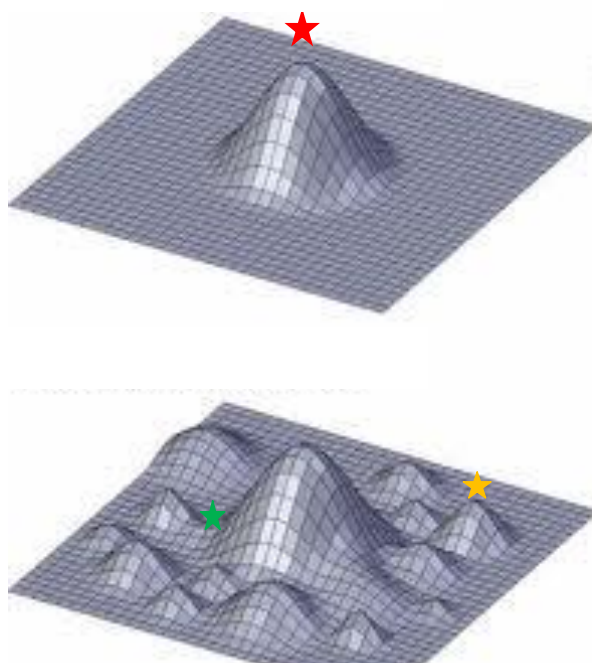
Competency Drivers – mechanisms to develop, improve and sustain ability to implement an intervention as intended,  
Organisation Drivers – mechanisms to create and sustain supportive environments and  
Leadership Drivers – focus on providing the right strategies for different challenges that may arise as change is being implemented.

significantly. While some claim that incremental changes can often be considered unexceptional and may be accommodated as standard practice, particularly if the group involved has a successful past record of continuous improvement (Pennington, 2003), others alternatively caution about possible damage being inflicted by ‘repetitive change injury’ in some environments (Harris, 2007).

### 3.3.5 Fitness landscapes

Evolutionary biology has utilised the idea of a fitness landscape to model adaptive responses to change. Developed by Sewall Wright in the 1930s, fitness landscapes are used to visualise the relationship between genotypes and reproductive success (Wright, 1932). The assumption is that each genotype has a well-defined replication rate (its fitness). Similar genotypes are close to each other and less similar are further away. Commonly fitness landscapes (as presented in Figure 3.4) are conceived of as ranges of mountains (see also Kauffman’s more recent 1989 NK Model).

**Figure 3.4: Sewall Wright’s fitness landscapes** (diagram adapted from Wright, 1932)



According to this theory organisms evolve to reach a local peak of fitness within their environment. ★

However, this may not be the optimum over a wider range of possibilities.

Consider ★

Changes in environmental conditions means the fitness landscape can shift and species adapted to one local peak or niche may find themselves in a trough.

Consider ★

It is important to note that in these landscapes, local peaks exist from which all paths lead downhill (lower fitness) and valleys where most paths are uphill (higher fitness) are also evident.



Gavetti and Levinthal (2000) used the concept of the fitness landscape to model organizational strategy and concluded that approaches to strategy development could be described in terms of three dimensions: (1) **online-offline**, the extent to which individuals engage in activity or reflection in order to evaluate alternatives; (2) **limited-extensive**, with limited meaning that the number of options being considered is small, that is, two or less, and extensive meaning many options are considered and (3) **local-distant**, local infers that only small changes from current practices are included in the options and distant means radical changes are considered, that is, transition to another peak in the fitness landscape.

Gavetti and Levinthal (2000) found that organizational change prompted by major shifts in cognition can be costly, more so perhaps when there is a high degree of interdependence among actions. Their model indicated that prior experiential wisdom may be negated in such instances. Consider then a fitness landscape spanning the HPS Network. Individual partners in the Network may be stranded on isolated peaks (classroom, school, organization etc.) with only local knowledge, much of it tacit to guide them. Metaphorically a member of the Network may be able to see higher ground in the distance but lacking larger-scale maps is likely to choose not to make the journey through the uncertain bottom of the J-curve (see the river in Figure 3.5).

**Figure 3.5: Higher ground in the distance**

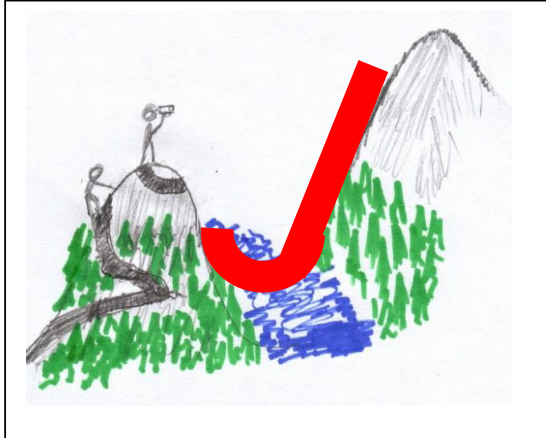


From Russell (2008)

The J-curve is the profile of a path through a trough between a local peak in the fitness landscape and a neighbouring higher peak. Originating in the field of economics, the J-curve is used to illustrate the historical tendency of private equity

funds to deliver negative returns in early years and investment gains in the outlying years as company portfolio's mature.

**Figure 3.5: With the J-curve highlighted**



According to Russell (2008) micro-diversity can play an important role here, in that widely varying individual capabilities and potential strategies can be shared through a small amount of networking. An increase in the range of strategies available to some members drives a positive feedback loop that opens up more strategy options for others to follow.

In terms of Figure 3.5 once a few pioneers map out safe routes for others to follow, the routes can eventually become well-trodden paths as more people use them. Short cuts and bridges over potential obstacles may also be built. The implications of these findings are played out at many levels in the HPS Network which is the focus for my work.

### **3.4 Leadership**

Higgs (2002) highlights that the ability to lead and manage in a rapidly changing environment is commonly viewed as a critical success factor for business. For example, Ulrich (2016) shows that intangible factors such as investor views on the leadership of organisations play a significant role in driving investor decisions in the business arena. The perceived importance of leadership in many spheres has meant that this topic has received sustained interest from researchers in a wide variety of domains, that is, education, business, military, sport. While the interest in leadership has been sustained and is growing, it is clear from the literature that there are

difficulties in defining its nature and relating this in a meaningful way such that generic models can be built to describe the characteristics of effective leadership.

Bennis (2004), speaking in relation to business organisations emphasises the impact of the individual. Bennis views leadership in terms of the location of the locus of power. He defines leadership as '*the wise use of power. Power is the capacity to translate intention into reality and sustain it*'. There are shortcomings to this definition however, as it does not incorporate any vision of shared leadership or the interaction between leaders and followers. In terms of the school improvement literature, where there is also much emphasis on the role of the individual leader (the principal), the research clearly demonstrates that the principal's impact, although often indirect, is powerful on student achievement (Fullan, 2005; Marzano et al, 2005) second only to classroom teaching (Leithwood and Day, 2008). Smith and Hudson (2004) signal the principal's role in positively predisposing staff to working collaboratively. According to Rost (1993) the essence of leadership is not the leader but the relationship, a perspective that empathises with Bryk and Schneider's (2003) emphasis on the importance of role relationships.

Collins (2001) also presents leadership in terms of the interaction among people involved in a process. This view suggests that it is not an individual leader who is responsible for success, but rather leaders who establish '*a critical mass of leadership*' (Collins, 2001). This understanding, that leadership may not be the work of a single person can be explained as a collaborative endeavour among group members. Olson and Eoyang (2001) contend that traditional perspectives on change claim that direction is determined by design and usually by a small number of leaders. These approaches are largely based on the assumptions that all systems are essentially the same and that leaders are experts and authorities.

There have been recommendations in some quarters that the definition of management be expanded to incorporate not just formal measurement and control responsibilities but also require those in leadership roles to intentionally create conditions and environments that will cultivate and support self-organising communities (Wenger et al., 2002). Stacey (1996) concludes that the tasks associated with management should be concerned with 'instability, irregularity, difference and disorder'.

While the literature provides a range of models for classifying styles or ‘types’ of leaders, Bush and Glover (2003) point out that ‘artificial distinctions’ between various models of leadership occlude the reality that many successful leaders combine aspects of various typologies. Leithwood et al. (1997, 2007) who build on the existing literature, and present a set of typologies for leadership in the educational context, foresee the development of an integrated model (Leithwood et al., 2008). Given the boundary-spanning nature of my research (in terms of disciplines and domains) the need for integration is even more pressing.

Firestone and Riehl (2005) contend that ‘*few robust claims*’ have been generated by the leadership material. They point to ‘*weaknesses in the overall conceptualisation of the area*’ (a shortage of accumulated evidence from studies, lack of programmatic research, a wide range of research designs, failure to provide convincing evidence and so forth). I disagree. In fact a very broad literature is available on the theme of leadership, which is hardly surprising given the depth of interest in this topic in many spheres. Also, I have previously completed a study on the role of the Principal in the HPS Network (O’Beirne, 2009) and build on this work here. This I will combine with available secondary data to contribute further to the building of an accumulation of evidence with regard to HPS implementation. Given the breadth and depth of current material documented, I narrowed my focus on leadership to aspects relevant for educational settings and particularly those that related to innovation and network building.

### **3.4.1 Examples of some leadership models**

Williams (2007) considers leadership for collaboration purposes and describes leadership in terms of when particular approaches were most prevalent. Williams’ overview is useful to my work because of its focus on collaborative leadership and it provides an historic summary of developments in thinking around various concepts in leadership.

According to Williams (2007), up to the 1940s leadership traits were emphasised - so the individual’s personal characteristics were deemed highly significant in terms of leadership effectiveness. This understanding, however, implies that leaders are born and cannot be trained or nurtured. From then till the 1960s focus was placed on the style or observable behaviour of leaders. While very often the focus here was placed

on formal leaders rather than more informal leadership processes, this model of leadership did highlight some positive aspects such as ability to initiate events, consideration for subordinates, for example. The 1970s and '80s emphasised flexibility and adaptability in leadership style. Here contingency mode leadership determined that effectiveness was influenced by situational factors (Luthans, 1973). The New Leadership concept of the 1980s encompassed a range of categories (charismatic, visionary, transactional, transformational) and fundamentally relied heavily on the followers' perceptions of leader's traits and behaviours (Lawrence, 1989). More recently, dispersed or distributed leadership (since about the 1990s) rejected the notion of the heroic leader and emphasised the need to turn followers into leaders through the development of leadership skills and processes (Spillane, Halverson and Diamond, 1999). Williams concludes that collaborative leadership approaches have emerged as the new dominant leadership models.

If one takes Goleman's (2000) classification of leaders, for example, where leaders are categorised in six styles: Coercive; Authoritative, Affiliative, Democratic, Pacesetter and Coaching, we can see that these are a reflection of the dominant thinking around leadership in the time in which Goleman's book *Primal Leadership* (2002) emerged. Goleman's thesis stressed that good leaders (whatever their style) are effective because they create 'resonance', which for Goleman means they speak authentically about their own values, direction and priorities. By so doing they resonate with the emotions of those around them. What is clear from William's (2007) overview is that interest in leadership models has not waned for some considerable time and '*some ideas, although re-contextualised, seem to play a crucial role in many national education reforms across the western world*' (Serpieri, 2009).

While fads may be '*plentiful in the education industry*' (Spillane, 2005) most commentators would agree that educational leadership has been a perennial, some would say "tyrannic" (Ball, 2007) focus of attention, particularly for those who view leadership as '*one of the most relevant levers of change*' (Serpieri, 2010). Recently there has been increased attention given to the collaborated distribution which features in dispersed leadership perspectives and this is an area which has relevance for my own work. Spillane (2005) who focuses on leadership practice - rather than leaders, roles or functions, - emphasises the interactions of leaders, followers and

their situation. The significance of this in relation to my study is *‘not that leadership is distributed but how it is distributed’* (Spillane, 2005:4).

There is a growing acknowledgement that followership is important (Grint and Holt, 2011) – that without followers there is no leadership. According to Grint and Holt (2011) followers will allow themselves to be influenced when they can see and admire a cause or vision or purpose which resonates with them. They will only commit to that cause when they share a common set of values with those exhibited by the leader. They also need to be able to see that the purpose or goal has a reasonable chance of success.

While Spillane and others distinguish between different mechanisms, for example, collaborated, coordinated and collective distribution, each is underpinned by the interdependencies and reciprocities that are fundamental to effective leadership practice. This perspective on leadership has informed my thinking in relation to how I might look at leadership practice within the HPS Network, particularly with regard to examining the interactions and interdependencies between leaders, followers and key aspects of context. Given the amount of material available I did consider what an integrated model of leadership might look like.

### **3.4.2 Towards an integrated model of leadership**

Such a model for me would begin with a ‘contingent’ approach (Williams, 2007) as a specific vision for the school, a keystone for the ‘transformational’ model (Leithwood et al., 2008), cannot be independent of this context. Transformational leadership can provide the basis for articulating and working towards a vision. This also favours ‘instructional’ leadership (Leithwood et al, 2007) in that it indicates in broad terms what the main priority of the school is. The distributed leadership perspective encourages the examination of who is responsible for which functions, for example, *‘constructing and selling an instructional vision’* (Spillane, 2005).

Elements of the ‘authoritative’ style (Goleman, 2000) could also be incorporated for the benefits it brings in terms of selling good ideas and building enthusiasm – in this case for the HPS process. The HayGroup’s (2003) report on the Primary School Principal [in Ireland] while acknowledging the broadening of the role of principal over the previous decade concluded that the primary responsibility of the principal remains the leadership/management function. Consequently, ‘managerial’ leadership

(Leithwood et al., 2007) is necessary to include as this is required to ensure effective implementation of policies arising from the outcomes of the transformational process.

By including elements of ‘democratic’ and affiliative’ leadership (Goleman, 2000) emphasis can be placed on the need to foster good relationships and allows for diverse views to be taken into account and have a bearing on shaping the HPS implementation process. This is important not just at the school level but also assumes significance at the Network level. At the Network level the various stakeholders may have competing agendas and come with different languages and organisational cultures when it comes to HPS implementation. Following Stacey’s (1996) Agreement vs. Certainty Matrix one of the ways that differences may be bridged could include placing emphasis on the overall goal of particular initiatives. In contrast Welbourn et al.’s (2012) model (discussed further below) relies on influence to achieve the desired purpose rather than relating to the control of resources and processes.

### **3.4.3 Systems leadership and using influence**

According to Collarbone and West-Burnham (2012:14) ‘systems leadership in education is all about interdependency, new relationships and ways of working.’ This type of leadership allows learning to spread beyond the boundaries of individual schools and so can contribute to the development of the education system as a whole and at the same time play a role in meeting some of the objectives of those outside the education system. In this regard, however, there is a bravery and a generosity required at the individual school level, as in order for learning to be publicly available, schools will have to leave themselves open to a wider than normal degree of scrutiny. From a HPS perspective there is a further demand placed on schools from the beginning by the fact that in order to develop in a sustainable way each school will have to develop its internal capacity so as to enable the participation and engagement of the school community across the system.

Welbourn et al. (2012) carried out a leadership review from the perspective of those seeking to provide school leadership beyond their own immediate organisational boundaries and highlighted that there are different styles of whole systems; networks, markets, collaborations and social movements. While this is a different classification

to that discussed earlier in relation to inter-agency working and partnership Welbourne et al.'s approach provides further insights in terms of systems leadership.

For Welbourn et al. (2012) a network relies on a mesh of interconnected nodes, in which the properties for each node, and the relationship between a neighbouring pair of nodes, are clearly understood. In this type of system the 'controlling principles' or power is vested in the rules that govern the relationships and exchanges. The network structure is then far superior to any individual organisation or school.

In a market-based system, although individual organisations generally have greater autonomy over the way in which they extract value from their position, the rules by which the market system operates have a considerable influence on what leaders can achieve. Most markets have rules defined and enforced by external forces or regulators.

In collaborations a group of complementary organisations come together in a structured way to respond to a specific challenge, assignment or group of similar tasks. A common purpose lies at the heart of collaborations. They generally tend to be impermanent structures with the coming together temporarily of a group of organisations to create an entity which pools skills, experience or capacity. Stresses and tensions within such a partnership manifest differently to those found in a single organisation and such arrangements consequently contain more dangers and pitfalls.

Unlike the traditional view of systems which tend to be characterised by some degree of order and defined by rules and mechanisms, social movements generally begin life with no obvious sense of order, rule or mechanism. Because of their frequently stated aim of bringing about comprehensive change Welbourn et al. (2012) point out that 'they are commonly viewed as opposing the status quo and consequently can be characterised as anti-system.' Social movements are built around the ability to develop a coherent message from a range of conflicting motivations and grow momentum (persuade supporters to the cause). By developing a significant force of change agents, sustainable and profound change is achieved. Historically social movements are most vulnerable in their early stage because of disparate values, a loose set of allegiances, the absence of authority to act in concert and the lack of systems and their associated processes.



These different types of systems present varying contexts in which to introduce change. Where the important rules involved in shaping network systems are largely distributed the rules involved in markets tend to be centralised. In collaborations the ideal is for the partners to act as if it were a single organisation. Social movements are at risk in both their early stages where there is a high likelihood of fragmentation and later on as they shift towards establishment and organisational governance. Systems-thinking is challenging then when one considers the implementation of a process such as HPS which involves multi-agency involvement in a complex environment.

### **3.5 Systems theory**

The application of systems theory is a well-proven strategy for enabling organisational development and change. In terms of systems thinking the need to establish good mechanisms and processes to foster communication and collaboration has been highlighted.

If you're a systems thinker in school planning, then you focus [...] on building collaborative relationships and structures for change. You need mechanisms and a process that allow people to talk, across grade levels, departments and schools within a system. (Senge et al., 2000:394)

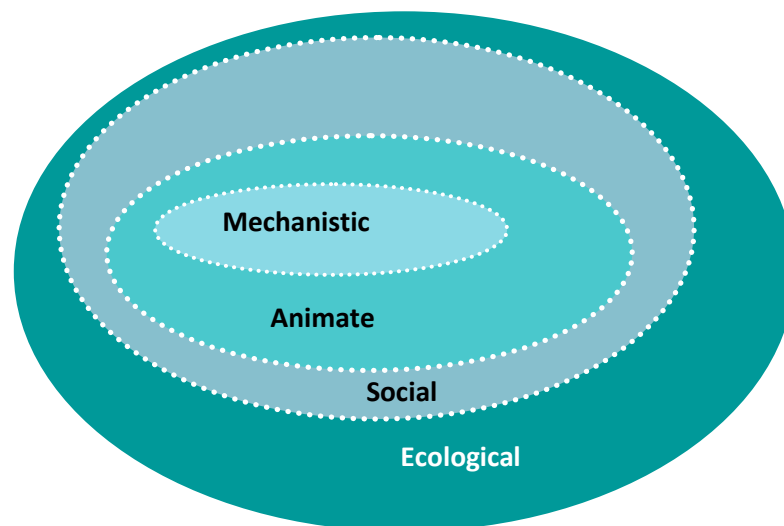
The notion of purpose in systems is central to this field. Churchman (1971, 1979) identified conditions necessary for a purposeful system focussing on key problems and specific concerns related to social roles within systems, while Ulrich (1983) concentrated on sources of influence (motivation, control, expertise) informing a purposeful system. Distinctions in relation to purpose have been made in terms of two forms of behaviour which are important with regard to my study. The first of these, purposeful behaviour, has been identified by Checkland (1993) as '*behaviour that is willed*' in the sense that the behaviour is the result of voluntary action. The second form is labelled purposive behaviour and relates to behaviour where an observer attributes purpose, (possibly incorrectly as the action requires interpretation). I do not wish to reduce the idea of purpose to mean simply an objective or goal which is to be reached, although my study may throw light on particular actions in this regard, but rather it is the interactions within the HPS Network in its context that lead to particular outcomes that provide the focus for my exploration.

### 3.5.1 Types of systems

A wide variety of categories for systems have been developed (von Bertalanffy, 1972; Laszlo, Levine and Milsum, 1974; Ackoff, 1978; Prigogine, 1989; Bánáthy, 1997; Kurtz and Snowden, 2003; Poland, 2007; Bailey, 1994; Senge, 2000 etc.) and Klir (1969:69-72) concluded that *'no classification is complete and perfect for all purposes'* when outlining diverse definitions of systems in terms of *'abstract, real and conceptual physical systems, bounded and unbounded systems, discrete to continuous'* and so forth as examples.

The Ackoff Collaboratory (University of Pennsylvania) presents a hierarchical framework comprising of four types of systems classified according to whether or not the parts and the whole of each system display the ability to exercise choice.

**Figure 3.6: Ackoff Collaboratory's Hierarchy of Systems**  
(adapted from Ackoff Center Weblog, 2013)



The classification presented in Figure 3.6 designates ecological systems as the highest types in the hierarchy as these can incorporate parts of other systems of the same or lower type. According to the Ackoff and Gharajedaghi (1996:13) systems or their parts are purposeful, if by their choices they can produce: *'(a) the same outcome in different ways in the same environment and (b) different outcomes in the same and different environments.'*

We can see then that if we take machines as an example of systems, which would fit within the mechanistic sphere of the Ackoff Collaboratory's hierarchy, both the parts and the whole do not have the ability to exercise choice whereas if we take

corporations as an example of a social system, both parts and the whole can be said to have the ability to exercise choice, that is, be purposive.

Similar to the Ackoff Collaboratory, Kurtz and Snowden (2003) also provide four categories for systems. They class these as: simple, complicated, complex and chaos, with systems falling into one of the four groups, according to Keshavarz et al., (2010) *‘depending on the degree to which cause-effect relationships can be predicted.’*

Simple systems, by and large, comprise of a small number of components, the parts and the interactions between them do not change and they behave in a relatively predictable fashion. Simple systems are determined by external causes and they cannot adapt. With these types of systems - which correspond to the mechanistic classification of the Ackoff Collaboratory (2011) - it is possible to break the system into smaller pieces and study each of the parts individually. Once understanding of how each part functions has been reached, the parts can be re-assembled and conclusions can be drawn about the system as a whole. This ‘reductionist’ method owes much to a Newtonian understanding of the world which underpins most of the traditional scientific approach. In the education domain, the principles and methods used to study simple systems have been used, for example, by behaviourists, who define learning in terms of changes in behaviour caused by changes in the environment.

Complicated systems are composed of many variables and like simple systems, all of them are knowable (in that, after study we can describe what their purpose is and how they work), and furthermore, cause and effect relationships can be determined. These types of systems can be described in terms of their global, collective characteristics or behaviours using probabilistic or statistical methods. McMurtry (2008:267) contends:

most educational research in the 20<sup>th</sup> century has been framed by statistical approaches - for example, large scale high stakes assessment, the normal curve and intelligence testing.

One of the important differences which distinguish complicated systems from complex systems is that the component parts of the complicated system are inert, rather than dynamic and adaptive.

Numerous commentators have pointed out that complex systems exhibit many common characteristics (Anderson et al., 2005: Axelrod and Cohen, 2000;

Colquhoun, 2005; Holland, 1996; Plesk and Greenhalgh, 2001). Complex adaptive systems (CAS) are characterized as dynamic, having elements which can change and adapt and in which complex outcomes can emerge from a few simple rules. CAS usually comprise of a very large array of variables with many interactions and feedback mechanisms which support the possibility of new, self-organising behaviours. CAS systems exhibit decentralised decision-making and seem to thrive on tension and paradox.

Poland (2007) describes systems in terms of simple, complicated and complex emphasising different properties of systems depending on the sorts of problems being dealt with in different systems (please see Table 3.3).

**Table 3.3: Solving problems in different systems**

SIMPLE Baking a cake	COMPLICATED Rocket to the moon	COMPLEX Raising a child
Recipe essential	Protocols essential	Rigid protocols often not very helpful
Easily replicated (follow directions)	Success with one mission increases the likelihood for next	Success with one is no guarantee for next
No expertise required	Considerable expertise required	Expertise required but responsiveness key
Good recipe a good guarantee	Key elements required to succeed	Every child unique, there is much uncertainty

Adapted from Westley, Zimmerman and Patton (2006), *Getting to Maybe: How the World is Changed*, Random House, Canada.

### 3.5.2 Key principles of Systems theory

Systems theory is underpinned by some fundamental principles. Checkland (1993) describes systems as composed of many interacting parts with systemic properties. From the point of view of schools the system is understood as a set of relationships in which **the whole is more than the sum of its parts**. In general systems have a goal or function that is best achieved when its components function together as a whole.

Collarbone and West-Burnham (2012:14) point out that ‘schools are very much more than the sum of their parts, as is the education system as a whole.’ In this regard it

may be helpful to consider schools as being a system nested within other systems a la Bronfenbrenner's (1979) bio-ecological framework.<sup>14</sup> Bronfenbrenner identified a series of environments, cultures and structures within which a child grows and learns during a specific timeframe. Consequently the factors which interact to enable the child's learning and development are complex.

Another principle underpinning systems theory is that **change in one element of the system is likely to lead to changes in other parts of the system**. This is because various parts of a system have relationships with other parts of the system. However, it should also be borne in mind that in some instances various elements of systems may be loosely coupled, which can mean that actions taken in one part of the system may sometimes have very little or even no consequence, though this is unlikely.

**Systems are best managed by those in direct contact with them** rather than by those operating from on high. However, Fullan (2005) emphasises the need to have a highly interactive model of leadership that works both vertically (with local authorities and national policy-makers) and horizontally (with other schools and agencies).

Leaders at the systems level need to engage other levels so that policies and strategies are shaped and reshaped, and the emerging bigger picture is constantly communicated and critiqued. Local leaders for their part must push outward to lead lateral capacity building and vertical exchanges with high levels of the system as a whole (Fullan, 2005:44).

### **3.6 Summary of the key points raised in this chapter**

The relationship between the two sectors – Education and Health – is a critical factor for the development of the HPS Network. My research assumes that working in partnership in the school context offers the potential of multiple benefits, however, as was pointed out in the literature, forming partnerships is not without its challenges (Statham, 2011). While partnership and collaboration are important principles for working in a health promoting way, each sector has its own language and culture and brings different and sometimes competing agendas and priorities to the table. There

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<sup>14</sup> Bronfenbrenner identified five different layers in his framework - Microsystem, Mesosystem, Exosystem, Macrosystem, Chronosystem comparing these nested structures to 'a set of Russian dolls' (Bronfenbrenner, 1979: 3).

are also potential difficulties in terms of desired outcomes. Coupled with this is the evidence that shows partnerships can be hard to establish and maintain.

Clarity of definition and understanding of the nature of the collaboration was shown to be an important aspect of the evaluation of many networks and partnerships (Sullivan and Williams, 2007). In this study collaboration is viewed as a ‘mechanism by which a new negotiated order emerges among a set of stakeholders’ (Gray, 1989). A compelling shared vision and a clear and comprehensive mandate is needed for collaborations to work effectively, particularly when the desired end result lies outside the distinct boundaries of each individual partner’s organisation. Having well defined roles within the system and maintaining a clear relationship to each other within the system, along with providing efficient and effective solutions to individual partners’ needs and objectives, were all shown to help make the smooth running of collaborations more likely (Welbourn et al., 2012).

Introducing an initiative like HPS to schools will involve change. Various aspects and models of change were presented to highlight the need to understand change as a process. Understanding culture, differentiating between stages of implementation and preparedness (particularly for unanticipated change) were emphasised as potentially useful for those involved in introducing change. It is proposed that understanding, anticipating and recognising potential barriers, such as resistance, may help overcome some obstacles and strengthen organisational resilience for changes in the future.

The literature suggests that collaborative leadership approaches have emerged as the new dominant leadership models (Williams, 2007). While the interest in leadership has been sustained over a considerable period and continues to grow, it is clear that there are difficulties in defining its nature. In terms of the school improvement literature, where there is much emphasis (some would say ‘tyrannic’ - Ball, 2007) on the role of the individual leader the focus of attention has moved towards the development of an integrated model of leadership (Leithwood et al., 2008). According to Collarbone and West-Burnham (2012:14), ‘systems leadership in education is all about interdependency, new relationships and ways of working.’

With regard to this research, Rost (1993) – the essence of leadership is not the leader but the relationship – and Collins (2001) – describing leadership in terms of the interaction among people – inform my exploration of leadership practice within the

HPS Network, particularly with regard to examining the interactions and interdependencies between leaders, followers and key aspects of context.

In terms of systems thinking, the need to establish good mechanisms and processes to foster communication and collaboration were highlighted. Different types of systems and the key principles underlying systems theory were presented: for example, the whole is more than the sum of its parts and change in one element of the system is likely to lead to changes in other parts of the system.

In order to develop and improve complex contexts and interactions, theoretical models and research methods are needed to understand organisations such as schools (Anderson et al., 2005). These models and methods need to address issues such as if schools are enthusiastic about the HPS concept why does this not always translate into effective action on the ground or why so little change happens given that there is strong evidence about best practice.

## CHAPTER FOUR – COMPLEX ADAPTIVE SYSTEMS

### 4.1 Complexity

One of the major problems I faced in choosing an overarching framework for my research was due to the fact that my study is informed by theory drawn from a number of different areas of the literature (Health Promoting Schools, Collaboration / Partnership / Inter-agency working, Change, Leadership, Systems theory). Each of these domains in the literature are quite substantial in their own right and I required a framework that would be broad enough to encompass each of these areas, while at the same time providing a structure that would be helpful for the analysis of my research.

Complexity Science is highly interdisciplinary drawing on sometimes much older, established domains as diverse, for example, as biology, chemistry, physics, economics mathematics, and more recently computer science. While still considered a relatively new academic field, Miller and Page (2007) show that writings on complexity in the social sciences can be traced back many centuries, citing Adam Smith's *The Wealth of Nations* (1776) as one of the earliest examples of clear writing about the subject.<sup>15</sup>

While the complexity approach provides differing attractions across domains – Lansing (2003:183) points out, for example, that:

mathematicians and physicists [are surprised by] the complexity that lurks within extremely simple systems [while for] biologists, it is the idea that natural selection is not the sole source of order [that fascinates]

Miller and Page (2007:4) highlight that CAS provides opportunities to explore problems associated with organisation, adaptation and robustness that transcend different domains.

Just at the time I was considering a conceptual framework for my Master's study (which was the pilot for this doctoral work) the February 2008 issue of *Educational Philosophy and Theory* was specifically dedicated to Complexity Science in the

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<sup>15</sup> Miller and Page (2007:4) point out that 'Smith's concept of the "the invisible hand" leading collections of self interested agents into well-formed structures that are no part of any single agent's intention' has strongly influenced economic theory over the past 200 years.



educational context. One theory that was highlighted was ‘Complex Adaptive Systems’ (CAS).

My interest in CAS had been originally sparked by an earlier serendipitous encounter with a book about bees that classified bee colonies as CAS and compared these tiny insects in their natural habitat to a ‘superorganism’ (Tautz, 2008). From this perspective, a honeybee colony is viewed as an indivisible whole, a single integrated living organism. Tautz considers that bees share many distinct and novel features that define mammals and goes so far as to contend that a comparison of these features suggests more than ‘superficial similarity’ between bees and mammals. Shared characteristics would seem to imply, that somewhere on the evolutionary journey, (bees in their present form appeared about 30 million years ago), similar solutions to significant problems were found by different organisms.

It was this possibility and the complexity of bee life that attracted me in the beginning as I sought to delve deeper into the complexity of school life and how this affects the development of a Network of Health Promoting Schools. I subsequently selected Complex Adaptive Systems as the overarching framework for my initial enquiry and it proved relevant, appropriate and relatively innovative. Consequently I have chosen to adopt the same approach for this study.

However, to avoid what are labelled ‘eye of the beholder’ ambiguities, Holland (1985) advises that frameworks should employ a range of explanatory theories that have already been closely examined for suitability in their respective disciplines depending on the research questions being explored. Holland’s (1985) caution has resonance with Bohr’s (1920) much earlier ‘correspondence principle’ – that is frameworks should encompass standard models from prior studies to assure relevance. To this end you will have seen I have conducted an extensive literature review highlighting the relevance and applicability of particular theories as appropriate. In terms of reviewing the literature on Complex Adaptive Systems (CAS) my review largely encompasses material that considered CAS in two specific domains, namely education and health as these are the most pertinent for my inquiry.

## **4.2 Complex Adaptive Systems**

Complex Adaptive Systems (CAS) consist of many diverse and autonomous components that interact and behave as a unified whole. In this study a CAS is

defined as a set of interacting elements where the behaviour of the total is an indirect, non-hierarchical consequence of the behaviour of different parts.

While a variety of CAS have been identified and documented in the literature (Axelrod and Cohen, 2000; Miller and Page, 2007; Colquhoun, 2005; Plesk and Greenhalgh, 2001, etc.), Keshavarz et al. (2010) broadly categorized CAS into the following types:

- *natural*, for example, beehives, ant colonies, the Great Barrier Reef;
- *artificial*, for example, purely mathematical or computer based modelling systems;
- *social complex adaptive systems*, which can comprise individuals and organizations.

In my work, I view schools as an example of a social CAS. This depiction of schools is in contrast to the much more common representation of an institution such as a school as a largely hierarchical entity incorporating linear and predictable procedures and organisational arrangements. From a CAS perspective, schools are recognised as complex in that they are diverse and made up of multiple inter-connected elements. CAS as a framework allows me to view schools in terms of their adaptiveness, that is, it acknowledges that schools have the capacity to change and evolve (by altering processes and structures) and to learn from experience. Finally, schools as systems would consider school organisations in terms of what Bánáthy (1997) defines generally as: ‘a configuration of parts connected together in a web of relationships.’ This frame of reference encompasses a composition of regularly interacting or inter-relating groups of activities.

For the most part, the main body of the literature that outlines current knowledge and theory on CAS originates from studies in the *artificial* and *natural* realms. Fewer examples of *social complex adaptive systems* can be found, these more commonly located in diverse fields such as health care settings or related to business sectors with less available evidence in terms of schools as CAS. There has been debate about the suitability of using constructs that have largely come from the study of artificial or natural systems in the study of social systems and this may account somewhat for an imbalance in the literature.

#### **4.2.1 Critique of CAS**

Critics point to the fundamental differences between artificial and natural systems and social systems such as schools (Stacey, 2000; Strand et al., 2005). Because much of our understanding of CAS originates from the computational and mathematical modelling fields and organic examples in nature, Strand et al. (2005) warn against ‘uncritical use of a complex adaptive system construct derived from the study of artificial or natural systems in studying social systems.’ Additionally, research based on modelling techniques implies a simulation of real systems and consequently certain features can be emphasised and other details discarded. In contrast, studying schools as social CAS implies research is to be conducted involving people and this places constraints, particularly ethical ones, on such studies.

Constraints notwithstanding, there are examples where physical and biological models have successfully applied ecological theories to social theories historically, for example, Holling’s (1986) theory of ecosystem function with hierarchy theory (Allen and Starr, 1982; O’Neill et al., 1986) developed into a general model of the dynamics of adaptive systems. It takes a degree of abstraction to compare mechanisms and processes to give unified descriptions across domains, that is, artificial, natural, social realms. I would contend that education is more like an organism than a machine, hence my reference to Tautz’s (2008) comparison of humans to bees earlier, rather than say a computer programme.

Another issue in relation to CAS is that the nature and dynamics of CAS means that this type of framework can be seen as weakly predictive. This may be considered as a limitation of using CAS as a framework, particularly for those who place an emphasis on determining cause-effect relationships. Mennin (2010) in a study which considered medical education through the lens of a complex adaptive systems approach, focussed on the difficulty in attempting to seek cause-effect relationships. Although suggesting structural equation modelling as a means of studying systems in which multiple variables are interacting simultaneously, Mennin recognises that schools as CAS are resistant to reductive methods of prediction and control. This has implications for those of us attempting to introduce innovations and embed organizational changes in the school context.

Recent history has shown that achieving system wide implementation of new programmes in school systems and sustaining such programmes is challenging. Welbourn et al. (2012: 15) highlight that even when we know everything we can about a system this still does not allow the system to be perfectly determined. While it may be possible to suggest the system is more likely to behave in one way than any other there is no absolute certainty that this is what will happen.

Anderson et al. (2005) point out that because the evidence shows that recent and current developments are not making true changes in practice as hoped for, attention is increasingly focused on organisations. Mennin (2010) does posit that as complexity science is the study of the dynamics, conditions, and consequences of interactions it can usefully be employed to address the nature of the conditions favourable to change and transformation. CAS theory highlights the importance of context and the inputs into that context, and therefore, offers possibilities for considering how schools change and transform in all their complexity. By considering the system from a complexity lens, and knowing a lot about it, we may well be able to influence the way it will behave.

Consequently, despite the limitations outlined above, there are advocates for the application of CAS in the educational sector (Morrison, 2002; Kogan and Hanney, 2000; Keshavarz et al., 2010; Colquhoun, 2005; Mennin, 2010 etc). Kogan and Hanney (2000) employed a complex systems approach to explore the higher educational sector. Keshavarz et al. (2010) highlight the usefulness of CAS in terms of accounting for the diverse, complex and context specific nature of individual school systems. Colquhoun (2005) recommends CAS as a framework for examining initiatives such as the implementation of the Health Promoting School concept and this is particularly relevant as my study focuses on the development of a Health Promoting School Network.

#### **4.2.2 Colquhoun's perspective of CAS**

Colquhoun (2005) expressly identified Health Promoting Schools in terms of CAS and as such provides useful descriptions and interpretations of CAS characteristics that are germane to my research. Colquhoun highlights the permeable nature of boundaries when schools are viewed as CAS. In Colquhoun's schema, boundaries can range from the physical to the conceptual, for example, people coming and going

from the school, the ground rules of small group discussion, the '*significant departures from traditional disciplinary boundaries*' in how children's services are provided and so forth. Colquhoun contends that boundaries that are ill defined, which he terms 'fuzzy boundaries', promote interactions by providing a stable enough structure where change can happen.

While recognising that agents and systems are adaptive, and as such individuals and collectives of actors can change their behaviours to suit the context(s) in which they find themselves, according to Colquhoun, in CAS the actions of individuals or groups of agents are based on internalised rules which may be implicit or explicit. This type of self organisation based on internalised rules is prevalent in many systems not just schools, for example, patterns in traffic volume, 'busy or peak hours' experienced by utility companies such as telephone network providers or electricity supply companies.

Feynman's (1973) example of people brushing their teeth in the morning is a classic exhibition of behaviours which amount to a global pattern – i.e. anyone looking at the Earth from outer space would witness a thin vertical line of millions of people brushing their teeth that rotated around the planet every 24 hours. Nobody dictates that people brush their teeth or when they do so, or indeed that they should form a line, yet each, acting independently has generated '*a distinct pattern in space and time*' (Liebovitch, 2006). By considering schools as CAS it is possible to identify global patterns that emerge as a consequence of the rules that govern a large number of individual units. An example of an obvious pattern or rule that regulates people's behaviour in schools is the timetable (and the bell system that is commonly associated with it).

Colquhoun (2005) describes systems as nested within other systems and consequently these co-evolve, for example, a school is located within the local community, the HPS Network, the educational system, the political system and so forth. Viewing schools as CAS implies recognising them as nested systems. A nested system can be considered as a sub-system for a larger system or a supra-system for a smaller system. From this perspective a school can be viewed as a system made up of diverse agents such as teachers, pupils, other staff, boards of management, parents, nested in a network structure that includes the larger systems such as the Department of

Education, the Department of Health, the Department of the Environment and so forth. Similarly, schools can also be considered a macro system within which agents may be located in specific sub-systems such as classrooms or departments or aligned to some aspect of service provision, for example, cleaning staff, food providers.

Colquhoun points out that conflicts and challenges can emerge due to competing agendas and demands from different systems again illustrating that tensions and paradox are natural features of CAS. Colquhoun concludes that a managerial approach to these tensions is not necessarily the best course of action and instead of considering them as difficulties they should be viewed as possible opportunities for developing new or novel behaviour. Colquhoun emphasises the non-linearity and unpredictability of CAS systems and would contend that while schools have very often been described in terms of a linear model of inputs and outputs, in reality they can be unpredictable in nature, in that unplanned events and outcomes are not unusual in school environments.

Another view of CAS suggests the keys to understanding systems '*are contained in patterns of relationships and interactions among the system's agents*' (Anderson et al., 2005) and it is to this perspective I turn to next.

#### **4.2.3 Anderson et al.'s perspective of CAS**

Anderson et al.'s (2005) view of CAS is located in the health domain. Here CAS is recommended as providing a useful mechanism for studying health care organisations but I believe the insights provided are transferrable to the school context. Anderson et al. (2005), caution about the difficulty of studying any system as an integrated whole. They point out that it can be problematic to predict the overall behaviour of CAS by looking at the behaviour of individual elements. Consequently Anderson et al. recommend looking for patterns in relationships, interactions and processes, over time and across levels. These researchers conclude that focusing on '*the "objects" of study that are implicated by complexity theory....[ ] ... may help provide useful maps of the system*' under observation.

Anderson et al. recognise that although systems do have elements, it is the inter-dependencies and interactions between the elements that create the whole. They advocate that where discrepancies or inconsistencies between ideas and actions arise, researchers should search for underlying inter-dependencies. Anderson et al. pay

particular attention to outliers in behaviours, processes, outcomes and events in contrast to relying on average behaviour, outcomes etc. Outliers, according to Anderson et al., may prove to be sources of new structural arrangements or patterns of behaviour. In considering non-linearities as a property of CAS, Anderson et al. advise looking for examples where small events lead to large outcomes and *vice versa* examine instances where large events lead to small outcomes.

When considering relationships as a property of CAS, attention needs to be paid to the way elements are similar or different from each other. To this end, Anderson et al. place a focus on how diversity helps or hinders an organisation. The researcher is advised to look at the system from different perspectives, shifting between foreground and background. Commonly organisations depict roles and positions using boxes arranged in hierarchical structures. Shifting perspectives could include emphasising particular boxes foregrounding particular needs or concerns, or alternatively contributions of individuals or groups of agents. Furthermore, emphasising the lines of connection (or lack of them) between boxes provides additional means for interpreting the system. In this way “relations, flows and exchanges” are highlighted (Lissack and Roos, 1999:120). This will allow the phenomena studied to be viewed from different positions.

Anderson et al. suggest thinking about the organisation (school/network) as a verb (as opposed to a noun), the organisation is viewed “*not as something that is, but rather something that is becoming*”. This better reflects the dynamics of CAS where self-organisation and emergence are on-going properties of systems. According to Cilliers (1998), self-organisation is the process by which “*people mutually adjust their behaviours in ways needed to cope with changing internal and external environmental demands.*” Identifying patterns to behaviours will uncover the self-organisation of the system that supports and/or hinders the development of the HPS process. This can provide insights to guide successful implementation in the future.

Another aspect of Anderson et al.’s perspective on CAS, which has relevance for me, is its emphasis on re-defining Observer roles. This idea suggests that “*responses to the researcher or research process can provide considerable information about the nature of the system itself*”. This feature highlights the co-evolutionary nature of CAS in that, the observer changes over time as a result of changes in the system and the

system changes as a consequence of the observer and is pertinent given that I have a dual role as a stakeholder in the HPS Network that is focus of this study and simultaneously the researcher. As the person responsible for co-ordinating the Network, I am a central participant in the context of the research for this thesis and not a detached observer. The implications of this are discussed in more detail in the methodology chapter of this thesis.

Anderson et al. bring together the case study method and CAS in their work. In summary, these researchers recommend that any case study of an organisation should seek to understand the interdependencies at play amongst the systems elements and be mindful of the need for sensitivity to various dimensions of relationships. Anderson et al. point out that traditionally researchers '*search for decision points as major events for revealing the nature of the organisation*'. CAS calls for a focus on processes in addition to events. Consequently, Anderson et al. advocate paying attention to sense making as a process, to reveal the true nature of how a system learns. Within any CAS it is likely that more than one successful process, structure or pattern of organisation will be evident. Because case studies focus on the unique (Atkinson and Delamont, 1985), the singularity of each case (Stake, 2011), '*an instance in action*' (MacDonald and Walker, 1975) and so forth, Anderson et al. recommend this method as well suited to finding multiple successful patterns.

I agree with Anderson et al.'s conclusion that choosing a case study approach moves us one step closer to being able to study a phenomenon as an integrated whole and this perspective combined with Colquhoun's view of CAS comprise the overarching conceptual framework for my study.

How my doctoral study relates to other research in this area is considered in the next section.

### **4.3 How my research relates to other work in this area**

This section attempts to highlight possibilities of where my study replicates parts of earlier research and simultaneously tries to bridge my literature review and methodology sections.

A similar study to my own was conducted in Australia by Keshavarz et al. (2010). In this work the researchers sought to examine the usefulness and relevance of the



concept of CAS as a framework to better understand ways in which health promoting schools interventions could be introduced and sustained. The study reported the primary data as semi-structured interviews with 26 school principals and teachers, supplemented by school management plans and publicly available annual reports.

The paper determined that schools exhibit many of the characteristics of CAS (which in terms of my own research was welcome evidence). My study expands the Australian primary data set by collecting information from a wider representative sample of stakeholders – I include students and parents as well as staff, and also programme developers – the partners in the HPS Partnership which oversaw the HPS Network in the Midwest. My own study in some ways is smaller in that three schools are reported on in great detail though I do reference other participating schools in the thesis. Each of the three school sites are examined in more depth than those in Keshavarz et al.'s (2010). The methods I use are very similar to those reported by Keshavarz et al. (2010) to allow a good degree of comparison particularly in relation to findings. Keshavarz et al. (2010) identified some specific barriers to HPS implementation:

- Lack of understanding amongst staff of the complexity of schools and their functioning as CAS
- No acknowledgement of the diversity between schools
- Little or no collaboration between schools about their experience of HPS
- Poor interaction between schools and health sector and between school and parents about health
- No feedback loop mechanisms about activities on HPS
- No or inadequate formal structures to support schools to become HPS
- Inadequate credit attribution for health in schools.

The Australian study was not looking at networks specifically so it was not useful to me in that regard. However as a justification for the application of the concept of CAS to build the case for establishing this as my conceptual framework it has benefitted me enormously.

Another study by Mennin (2010) which influenced my thinking about the conceptual framework and my methodological approach was situated in the world of medical

education. A medical school as a whole was taken as a case study and considered from the perspective of CAS through the expression of its curriculum. The interaction, exchanges and learning that took place both within and outside the medical school were explored.

One of the challenges that this paper highlighted was the difficulty in attempting to seek cause-effect relationships (Mennin, 2010). The paper tracked the elements of CAS at different levels within the system i.e., a committee conducting a review of the curriculum, the implementation of the curriculum by teachers, the response of students etc. that again is very comparable with the holistic approach of my own study. What emerges from the paper is the significance of self organisation at each level. The conditions that promote self-organisation were identified as; openness to outside influences, fuzzy boundaries, large numbers of interacting elements and that agents within the system change through multiple non-linear local interactions.

What is of particular interest to me with regard to this study is the focus on curriculum and the identification of teaching methods and activities that differ in their intensity to promote interactivity, that is, the ability to stimulate self organisation by disturbing the status quo, which in this context was seen as beneficial. Methodologies such as problem-based learning and collaborative inquiry emerged as the best promoters of interactivity. This is of significance to my research on HPS with schools as it is based on collaborative ways of implementation and empathetic to the HPS values and principles associated with empowerment.

Finally, the paper by Anderson et al. (2005) helped me to bring together my argument for using the case study approach to study the HPS Network, thus linking my methodology with my conceptual framework. The context for Anderson et al.'s (2005) paper was health care practice but I feel it could easily be applied to educational sector.

This paper explains that because current / recent developments are not making true changes in practice, our attention is drawn to the organization itself. It identifies a need for shifting focus from what we consider as foreground and background. For example, parts of the education community may be putting a lot of store in the view that continuing professional development is the way to create changes or introduce innovations, believing that the teacher or principal should be foregrounded – or, be

the most important focus for change – and the practice environment, in my case, schools – is pushed to the background, perhaps even incidental to the professional's behaviour. The paper recommends flipping these and suggests that the teacher's level of knowledge about something may not be the best place to begin when trying to understand improvements. It posits that it is within the context of the organization itself that many answers lie for understanding and improving curriculum delivery.

Anderson et al. (2005) make the case for using case study with CAS as the methodology driving the research. This was what interested me the most in the paper – the alignment of conceptual framework and methodological design. It begins to do this by comparing the view of organisations as mechanistic systems with that of CAS. It highlights that the former view of systems assumes stability as the natural state of an organisation and that an organisation consists of functions and roles that are carried out by replaceable people with little damage to operations and where results are predictable and replicable. In contrast, the paper cites Cilliers (1998:2) who states:

A complex system is not constituted merely by the sum of its components, but also the intricate relationships between these components. In 'cutting up' a system, the analytic method destroys what it seeks to understand.

If the system is understood as an integrated whole then this may be a better starting point from which to begin to understand why it has been so difficult for schools sometimes to adopt best practices or comply with regulations and why current approaches have not been more successful in achieving wide-scale improvements.

The paper includes a very good critique of several key properties of CAS and this highlighted some of the issues and challenges in carrying out research in this way. For example, in relation to understanding interdependencies, the paper points out that identification of these, requires prolonged engagement with the system. In terms of the HPS Network I am studying, while I have been engaged from the beginning, each school brings to the network its own history and previous experiences as well as its individual contexts so sometimes I may not have been aware of the underlying relationships or interactions at play and had to be mindful of that. On the other side, given my role in the development of the Network, I did have a good position as insider/outsider to view the process and spent a long time building relationships with

all the key participants. Again, the issue of the role of the researcher and that the role changes over time is raised as a consideration by Anderson et al.'s (2005) paper.

One of the ways that this paper suggests to counteract difficulties in understanding interdependencies is to avoid isolating actions and ideas, that is, don't describe them independently of each other. The paper recommends paying attention to '*sense making as a process not just decision making as an event*'. The study also advises sensitivity to several dimensions of relationships while remaining open to the unexpected. For example, traditionally in case study we look for rich understandings of the elements in a case but this article recommends we also pay attention to the ways in which elements are similar to or different from each other (significant for me in terms of within-case and cross-case comparison) requiring the development of skills of 'mindfulness', and 'heedfulness'.

One aspect of CAS that this study highlights as problematic is the difficulty in detecting non-linearities. It recommends looking for instances where small events have led to large outcomes and *vice versa* where large events have led to small outcomes suggesting disproportionate impacts are possibly good indicators of non-linearities. This is one of the benefits of case study in that it allows such elements of CAS to be explored.

Another pitfall highlighted by Anderson et al. (2005) was how easy it is to be blinded by the formal organizational documents and policies which may mask the true nature of the school which is defined as the 'informal organisation'. In HPS this is the ethos, environment and culture of the setting. The element of CAS that is relevant here is emergence as this indicates aspects of the informal organisation, which Goldstein (1999) describes as "spontaneously occurring events, structures, processes, groups and leadership that occur outside of officially sanctioned channels." CAS provides a mechanism for understanding how the informal organisation evolves and adapts.

Schools will have characteristics that make them recognisable as schools. Despite these macro-level regularities, internal processes differ from institution to institution. By using the case study methods I pay attention to relationship patterns and this provides important information for understanding events. Under a variety of situations

it is possible that a range of different patterns may prove beneficial/successful or alternatively negative/impeding.

Because case studies are designed to describe the uniqueness of each case, it is a method that is suited to finding multiple successful patterns. Anderson et al. (2005) used a nursing home as its exemplar for explaining the use of case study with CAS and although somewhat different to my focus in schools I felt it dealt with the issues from a research perspective that could inform my work. It also gave good guidance on possible pitfalls and how to link methods to a conceptual framework based on CAS.

I have chosen case study as my research design for my work exploring the development of the HPS Network. My reasons for choosing this approach and the methods I will include in my research are outlined in more detail in the next chapter.

#### **4. 4 Summary of key points from Chapter Four**

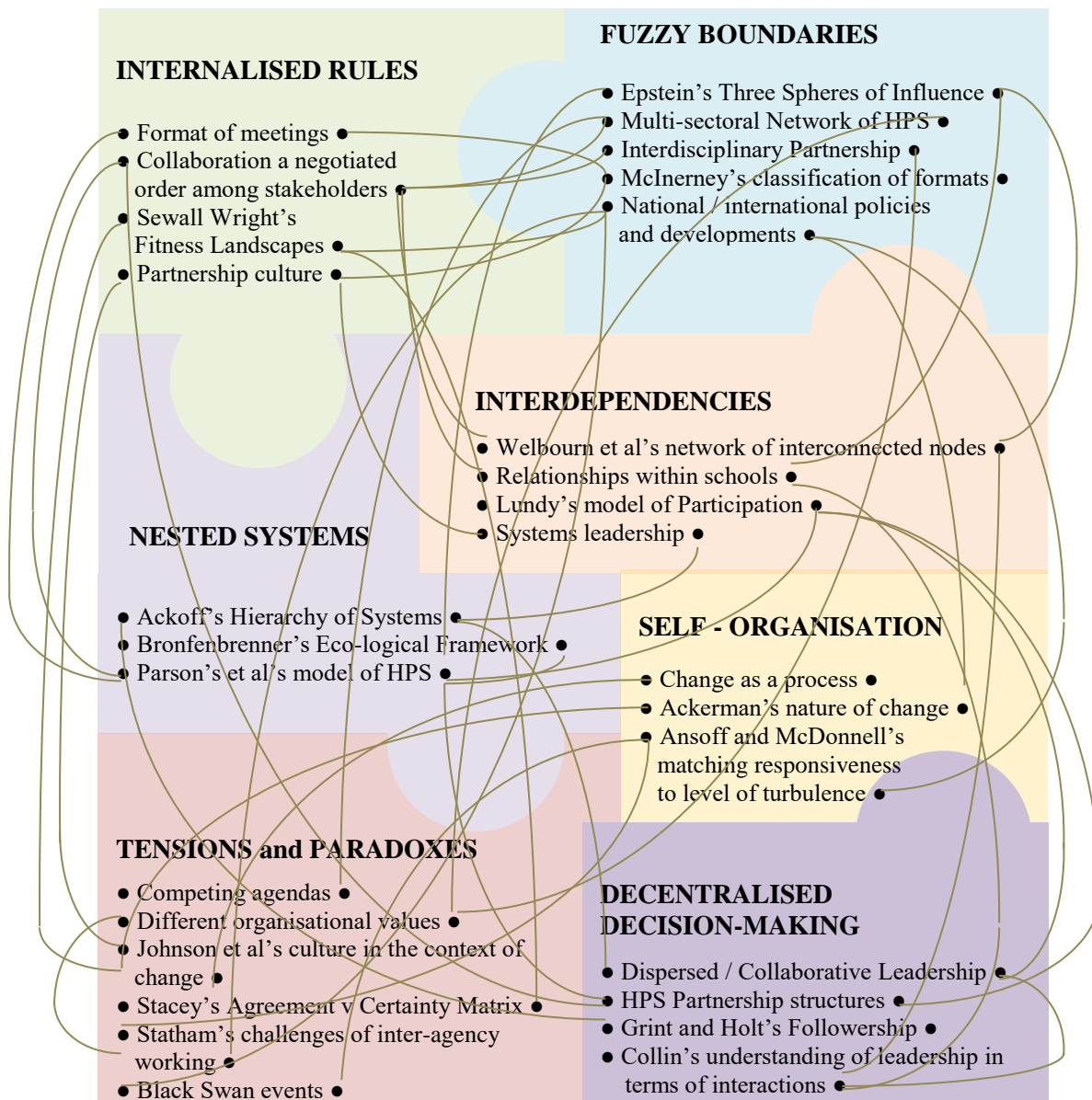
The overarching conceptual framework for this research is Complex Adaptive Systems. CAS are characterized as dynamic, having elements which can change and adapt and in which complex outcomes can emerge from a few simple rules. Complex systems exhibit many common characteristics and these were presented and discussed, for example: CAS usually comprise of a very large array of variables with many interactions and feedback mechanisms which support the possibility of new, self-organising behaviours. CAS systems exhibit decentralised decision-making and seem to thrive on tension and paradox.

CAS theory highlights the importance of context and the inputs into that context. As complexity science is the study of the dynamics, conditions, and consequences of interactions it can usefully be employed to address the nature of the conditions favourable to change and transformation. For my study I am utilising perspectives on CAS for data interpretation purposes from two proponents in different domains. Colquhoun (2005) specifically recommends CAS as a framework for examining initiatives such as the implementation of the Health Promoting School concept and provides very detailed examples of the different components of CAS with a strong emphasis on the elements and structures in such systems. Anderson et al. (2005), working in the health domain, call for a focus on processes in addition to events and recommend looking for patterns in relationships, interactions and processes, over time

and across levels. Anderson et al. recommend the case study method as well suited to finding patterns and delving deeper into interdependencies and processes.

Figure 4.1 aims to illustrate how the overarching conceptual framework incorporates and links various aspects of the literature that have been discussed.

**Figure 4.1: Jigsaw schema mapping the literature to features of the overarching conceptual framework**



The fine grey lines in Figure 4.1 connecting different aspects of the literature aim to illustrate linkages between theories and models while at the same time demonstrating complexity. Individual jigsaw segments contain elements of the literature which share commonalities that relate to specified components of CAS.

For example, both Colquhoun (2005) and Anderson et al. (2005) identify **Nested Systems** as a key feature of CAS. If we focus on the lilac segment of the jigsaw which is given the title of **Nested Systems**, we can consider schools from the Ackoff Collaboratory (2011) perspective of the hierarchy of systems. Here systems are designated according to the degree of purposefulness they exhibit. Who has the ability to exercise choice in schools, and to what extent, can impact on health promotion outcomes. Bronfenbrenner's (1979) ecological systems theory provides a multi-layered construction, where each system contains roles, rules, and norms, that can shape human development. The range of reference points which can be used to consider the quality and context of the school environment again serve to highlight the complexity of interactions involved. Parsons et al.'s (1996) model of HPS is included in the **Nested Systems** segment as it allows internal and external factors that impact on the implementation of HPS to be considered from a range of levels.

While there are overlaps between the three exemplar theories listed under the **Nested Systems** segment, it is important to note that further links can be drawn with other CAS components in the jigsaw. So for example, the light green segment – **Internalised Rules** – connects with the ethos of Parsons et al.'s model for HPS implementation, illustrated through the formation of local HPS Working Groups, with meetings of the groups arranged on school property during the school day. At the same time an additional link can be drawn with the Lundy Model of Participation, which is listed under the pink **Interdependencies** segment, as children were represented on each school's HPS Working Group. Similarly, cross-segment relationships are evident between Ackoff's Hierarchy and aspects of systems leadership under the **Interdependencies** segment, which also finds common ground with aspects of dispersed and collaborative leadership under the purple **Decentralised Decision Making** segment.

If we look at the **Tensions and Paradoxes** section of the jigsaw we can again see that there are overlaps in the literature listed. The context of primary education in Ireland presents a paradoxical vista that is both highly centralised and decentralised simultaneously. For example, individual schools have high degrees of autonomy from the Department of Education. Anderson et al. (2005) pointed to how formal policies and documents can camouflage what really happens at the individual institutional level. Consequently, schools differ despite macro-level regulations while at the same

time they can experience at the very least, some turbulence from what Taleb (2007) has called ‘Black Swan’ events – the economic recession providing a classic example of just such an occurrence. Connection can be made here with Ansoff and McDonnell (1990), listed in the yellow **Self Organisation** segment, who also emphasised the need for certainty and indicated that the level of predictability can affect an individual school’s degree of preparedness. This bears some congruity with Stacey’s (1999) Agreement versus Certainty Matrix which suggests attention be paid to the degree of agreement that exists about particular outcomes.

Effective holistic HPS by definition, require multi-agency involvement. Statham (2011) highlighted how different organisational values and competing agendas can all contribute to challenging effective partnership working. These aspects of HPS clearly link with the inter-disciplinary approach listed under the blue **Fuzzy Boundaries** section of the jigsaw. CAS allows me to take a holistic view of schools particularly at the analysis stage of my research. In my study, schools are viewed from a CAS perspective, where they are recognised as complex in that they are diverse and made up of multiple inter-connected elements. CAS as a framework allows me to view schools in terms of their adaptiveness, that is, it acknowledges that schools have the capacity to change and evolve (by altering processes and structures) and to learn from experience. Schools as systems would consider school organisations in terms of what Bánáthy (1997) defines generally as: ‘a configuration of parts connected together in a web of relationships.’

Finally, it should be noted that the analogy of a jigsaw was chosen for Figure 4.1 as one of the key aspects of systems thinking is that the whole is greater than the sum of all its parts.



## **CHAPTER FIVE – METHODOLOGY**

### **5.1 Introduction**

This chapter begins by outlining the epistemological position of the researcher. Health promotion and systems thinking would encourage research practice to embrace reflexivity which recognizes that the researcher is not a detached observer of the context being studied. Consequently, throughout the thesis, and in this chapter specifically, I acknowledge the complex relationship between the process of knowledge production, the context for the process and the researcher.

This study adopts a largely qualitative approach using case study and a rationale for employing this technique is provided. Case study as a research design offers a systematic approach to inquiry and I would suggest is especially suited to carrying out research in the educational setting. For my research I chose to employ a number of data collection methods in keeping with the breadth demanded by adopting the case study design. Semi-structured interviews with adult participants, discussion groups with children, document analysis of meeting minutes of the HPS Partnership Steering Group and individual HPS School Working Groups and researcher field notes are discussed as these were the main means used for knowledge production in conjunction with the extensive literature review which was outlined earlier in Chapters Two, Three and Four.

In this chapter ethics are considered to be governed by a number of meta-ethical principles: Autonomy (the individual's right to choose to participate), Fidelity (being trustworthy as a researcher and working with integrity with individuals participating in this study), Veracity (being honest and holding the relationship with research participants as a top priority), and Beneficence versus Non-maleficence (the idea of doing good for others, that is, that participants will gain through participation in my study coupled with taking care to 'do no harm' to them). This chapter details how access and consent was obtained, how data were collected, stored and will be used, the safeguards that were put in place to maintain adherence to the ethical principles outlined and discusses some limitations in regards to privacy and anonymity.

## 5.2 My epistemological position

The very nature of my research questions would seem to suggest the adoption of a largely qualitative approach and this will be the case. I would contend that: “the meaning of an event is more likely to be caught in the qualitative net than on the quantitative hook” (General Accounting Office [USA], 1990). In my opinion the Newtonian worldview is insufficient for exploring thoroughly the everyday complex situations people experience, particularly those who are charged with introducing innovation into systems. However, according to Boulton (2009), the scientific worldview (based on Newton’s mechanical paradigm) “still dominates our thinking, even when we are considering social systems” such as schools or other organisations.

It is clear from the research literature that the bio-medical paradigm dominated the evaluation of much health promotion activity in the past. Historically, most school health promotion programmes were developed in the tradition of the ‘bio-medical’ model, that is, to prevent specific diseases or health problems so evaluation of these interventions lent themselves to this sort of exploration. However, the assumptions underlying positivist research have proven difficult to satisfy in school-based health promotion research, and problems with this have been identified in the literature. For example, research trials depending on interventions that can be quickly implemented are favoured by the bio-medical approach. These are in conflict with the literature that articulates that changing the ethos and environments of schools in a health promotion context can best be measured in a slow and gradual way. Alternatively, critics of some approaches to HPS point out that the focus of activity can sometimes aim at very long-term outcomes, that is, HPS has focused on health issues that impact in later life, for example, cholesterol and heart disease, rather than concentrating on pupils’ current health status. Given this context it would be fair to say that my approach challenges the dominant view.

Most organisational methods implicitly assume that systems behave in deterministic ways and that **reductionism** is possible. Prigogine (1989)<sup>16</sup> challenged these notions by showing that physics theories up to the 1970s and ‘80s were only “relevant to situations of total stability and isolation or they dealt with the way systems if left to themselves, eventually degraded and died” (Boulton, 2009). These outcomes are not realistic in everyday experience in schools. In addition evolutionary theory

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<sup>16</sup> See Prigogine’s (1989) theory of non-equilibrium thermodynamics.

demonstrates that living systems evolve to ever more complex and sophisticated forms. This is one of the reasons why I chose CAS as the approach that would underpin my work. It recognises schools as complex and simultaneously adaptive which is more realistic in light of the questions I am proposing to address. Because my approach veered more towards qualitative research, I did consider the main traditions associated with this end of the epistemological continuum. I particularly considered phenomenology and ethnography as possibilities and also explored a combination of these two approaches (ethno-phenomenology). Although I do have unique access to the participants and sites relevant to my research, I felt that insufficient warrant existed to justify a purely ethnographic approach. While the nature of my relationship with the schools in the network has created in my estimation a blurring of the insider/outsider roles, I am not a fully immersed member of the school communities and my contact with the schools is of a sporadic nature based on the demands of the HPS Network project.

Phenomenography is a specific type of phenomenological enquiry. It is a methodology that involves documentation and analysis of people's experiences and thoughts, for example, as expressed in interviews, focus groups, recorded conversations or written work (Akerlind, 2005; Marton and Trigwell, 2000; Bowden, 2005). The approach emphasises description thereby implying an assumption about the importance of, and need for, description. Bowden (2005) further points out that the relationships between the actors and the phenomenon is at the heart of this methodology which again influences my epistemological stance. My active involvement in coordinating and facilitating the HPS Network along with the context-specific, subjective and diverse nature of the questions I am researching requires a phenomenological rather than a positivist methodology. In keeping with systems thinking and my adoption of a CAS approach which advocates researchers be explicit in their explanations, in this study I focus on exploring the development of a HPS Network and consequently there is an emphasis on the process of implementation of the HPS approach.

I approach this study then from an interpretivist stance. Interpretivism considers the subjective nature of researching human beings. Its key assumption is that all human action is meaningful, and therefore, it has to be interpreted and understood within the context of social practices. This is particularly relevant for research conducted in the

educational setting that focuses on interactions in the social environment of a school and network. Health promotion would recommend research methods and stances that tend toward the participatory end of the epistemological spectrum. Although some elements of the research process I engaged in have strong elements of a participatory nature, I would say that they fall short of being completely participatory. For example, many of the participants in this study will have been involved in enquiring and assessing activities that relate to HPS in their school but I alone chose the research questions for my doctoral work. Despite the resonance of much of my approach to that of say participatory action research, I felt I did not use it consistently enough in this work to classify it as such a study.

According to Russell (2008) no data are truly unbiased as they have been “selected or selectively perceived by the researcher according to a particular worldview.” One of the tenets of the systems approach and also reflected in the principles of health promotion is that the researcher’s worldview is made explicit. If this occurs at the early stages of the research it can be questioned as part of the research process. Consequently, I present the underlying philosophy for the research here and shortly will outline the methods I propose to adopt for just this purpose.

Another assumption of interpretivism is that the whole needs to be examined in order to understand a phenomenon. Traditional organizational theory can often view institutions and organizations like schools and networks as ‘machine like’ with replaceable parts (Anderson et al., 2005). The traditional approach would have us break a system into smaller pieces (Mennin, 2010), examine these pieces of the picture and then put the pieces of the jigsaw back together to draw conclusions about the whole. It would contend that if leaders and administrators were rational and command a ‘well-oiled machine’ then the organization will be successful. This would suggest in the educational setting, interventions such as mandated policy changes, financial incentives and best practice initiatives would result in improving outcomes. However, it has become clear that this is not always the case. In contrast to the positivist position that seeks to collect and analyse data from parts of a phenomenon, interpretivism emphasises the examination of the whole.

This perspective fits very well with the holistic approach of the HPS and its advocacy of participation. One of the benefits of this approach is that it provides opportunities

to explore a range of narratives within the Network of Health Promoting Schools, which again matches with the principles underpinning health promoting work, that is, to involve key stakeholders and participants in the HPS Network in the research process. Denzin and Lincoln (1994) have pointed out that the constructivist aspect of the interpretivist tradition reflects the belief that human beings construct reality both individually and collectively. My research aims to understand the phenomenon of the development of the HPS Network through the meanings that people assign to the concepts, principles and process of HPS. Situating my study in terms of a collaborative approach to knowledge production is appropriate in the context of the questions focused on in my research.

### **5.3 Situating the researcher in the context of the research**

For 12 years (between 2003 and 2015) I held the post of Health Promotion Officer for Primary Schools in the Mid-west region of Ireland. The position had been established previously as a result of a partnership between the Health Service Executive (HSE – formerly the Mid-Western Health Board) and Mary Immaculate College (a College of Education affiliated to the University of Limerick) and consequently I had a dual reporting mandate to both organizations. From 2005 - 2015 I was involved in the development of the Health Promoting Schools Network in the mid-west region as part of the duties of my post.

My main role with the Network was one of coordination. Consequently I recorded various activities at different levels that included; planning, development of process, implementation and some degree of review and evaluation, with the schools and with the Partnership which oversaw the development of the Network. I also facilitated the initial contact with schools and liaised between the schools and those working to support schools to become more health promoting. Given my role, I had access to a large amount of detailed information about events surrounding the development of the HPS Network and the Partnership that oversaw its activities. I am well placed, therefore, in understanding the context of the project and through my direct work with schools and the various partners involved had unique access to relevant stakeholders.

This advantage also brings with it dilemmas and issues in relation to researcher objectivity (these are dealt with in more detail shortly). As I have a vested interest through my work in the project, it is fair to say that complete objectivity is not

possible. As the coordinator of the HPS Network I was a central participant in the context of the research for this thesis and not a detached observer. It is, therefore, important that I clarify my epistemological position and my role as a team member, as a facilitator and as a coordinator for the project. For example, I come to this research with the assumption that Health Promoting Schools are concerned with protecting, enhancing and sustaining both the education and the health of those connected with the school. My understanding of the HPS concept is as defined by the World Health Organisation:

“A Health Promoting School is a school which is constantly strengthening its capacity as a healthy place in which to live, learn and work. “ (WHO, 1998b)

This definition is suitable for my work because it recognizes the dynamism and adaptation that is required in developing a special focus on health in a school and is also compatible with the CAS approach underpinning my conceptual framework.

The research for this thesis builds on work I carried out previously at Master’s level and also work I carried out as a team member in an organisational context. However, the main body of the study, including the conceptual analysis and the gathering of the core data is additional work that I designed and managed independently of the HPS team. My role as a PhD researcher cannot be totally independent of my employment duties in that the roles do share a common context. There were reciprocal benefits as a consequence of the research process. For example, my working relationships with the schools and the members of the HPS Partnership gave me a degree of access to, and cooperation from, participants in the study that would be difficult for an external researcher to obtain. The reading of additional literature and the research training I received throughout my doctoral progression did in turn inform my work with the Network.

#### **5.4 Discussion of methodology**

Educational research is sometimes criticised for lacking relevance to practitioners’ real life situation or the lived experience of participants. The case study approach is research focussed in a natural setting and combined with its recognition of the “embeddedness of social truths” (Adelman et al., 1980) and “enquiry in a real-life context” (Yin, 1994) it can counter some of the criticisms levelled at those conducting educational research. The overall purpose of case study is to portray the uniqueness of

real individuals and situations through accessible holistic accounts. For me, one of the primary strengths of using this approach is its emphasis on reality and my research is grounded in the voice of the participants.

Yin (1994) has pointed out that case study is possibly one of the most difficult approaches to research. There is a need for ‘thick’ description to rule out competing explanations, check for patterns and to corroborate findings. This approach grapples with the ‘messiness’ of real existence and demands much from researchers.

Significantly, case study allows for the use of both qualitative and quantitative methods with regard to data collection. This flexibility supports the exploration of nuances and complexity. The value of case study for this researcher lies in its complexity, in its attempt to capture subtleties.

Qualitative research does not usually provide data that are statistically representative, or at least this is commonly not its main aim. Its function tends towards describing, clarifying and explaining and this is appropriate for the questions I am exploring. The issue of generalisability has been raised many times with regard to the value of using the case study approach. A variety of perspectives have been put forward, ranging from those who would contend that generalisation emerging from research using the case study approach is a matter of judgement (Stenhouse, 1985), to those who point out that while it ‘cannot claim the full generalisability that quantitative methods can provide, it does have relatability’ (Bassey, 1981).

Stake (1985) while emphasising the ‘particularisation’ of case study allows for different types of generalisations to be made:

- petites generalizations, i.e., general statements within a study or
- grandes generalizations i.e., general statements about issues,

but cautions researchers to be clear about the speculative and tentative nature of assertions. I was mindful of this in my own research and it also informed the analysis and the writing up of my findings.

#### **5.4.1 Case study as an approach**

A number of key features of case study have been identified. Chief among these is the emphasis on singularity. Different terms are used to denote the singularity being explored for example, MacDonald and Walker (1975) point to the examination of “an instance in action”, Stake called this “particularity”, Simons (1996) refers to the study

of the unique. While Atkinson and Delamont (1985) have pointed out that sometimes in qualitative research there is a lack of clarity regarding the unit of analysis, that is, the case, this method, the case study approach, requires that the phenomenon under investigation is a clearly bounded entity (Creswell, 1998; Adelman et al., 1980). By bounded system what is usually being referred to is an entity bounded in terms of time and place. Adelman et al. (1980), Smith (1978), Stake (1995), Creswell (1998) and others all mention a 'bounded system'. What is highlighted is that the boundary contains a coherent system, that is, the case is an integrated system. This allows the research to pay attention to the subtleties and complexities of the case leading to discernment and discussion of its most significant features.

Different types of cases and definitions of cases are clearly evident in the literature. Adelman et al. distinguish two types of approach - either the issue is the focus or the case is the focus. Similarly, Stake (1995) labelled these as intrinsic (where the case is dominant) or extrinsic (the issue being explored is dominant) and included a third type - collective - to encompass a study that considers more than one case. Yin (1994) provides three types - exploratory, explanatory or descriptive case studies and Stenhouse (1995) identified four: ethnographic, evaluative, educational or action research depending on the focus and approach taken by the researcher in the study. Bassey (1999) also presents four types the first of which focuses on the theory underpinning the research. This he calls theory seeking and theory testing. Two of the other types Bassey provides correspond to Yin's (1994) descriptive label. These are story-telling and picture drawing. Bassey's final type is the evaluative case study. Again there is correspondence between this type of approach and the explanatory classification of Yin (1994) and the evaluative approach of Stenhouse (1995). Bogdan and Biklen (1982) differentiate between three categories: historical-organisational, which has some relevance for my work as I am looking at the development of a HPS Network over a significant span of time (2005 - 2015). Bogden and Biklen also provide the observational case study as a possible case study type and life history which corresponds to biographical/autobiographical accounts.

#### **5.4.1.1 Case Study approach adopted in this study**

As can be seen from the discussion above there are a variety of well-known approaches and techniques available to those who wish to pursue a case study approach. These can be broadly classified into two categories: the variable oriented approach and the



case oriented approach. I have chosen to adopt Stake's (2006) multi-case method which falls under the case-oriented approach. This is appropriate for my work because of its focus on what Stake calls the 'quintain', which in the case of my study is the HPS Network, which is common to each unit of analysis I intend to focus on (that is, the schools and the Partnership). The quintain comprises of stakeholders in the HPS Partnership and the school sites, each of which have similar and unique issues. By using common research questions I have been able to tie the cases together thus facilitating a greater understanding of the quintain as a whole. The assertions I will make about the quintain can be applied to an individual school to determine the extent to which the case studies reflect the quintain. According to Khan and Van Wynsberghe (2008), the degree of congruity or disparity speaks to the uniformity of the quintain.

In order to preserve the essence of each of the cases and to avoid reducing or stripping each case to its individual context, I provide in-depth process tracing accounts for each case. This approach will illustrate how HPS implementation unfolded in each school. The theoretical underpinnings of my research will be drawn on here to help bring case relationships to the fore. I concur with Stake (2006) that it is possible to learn from both the uniqueness and commonality of a case. The complexity and context of individual cases is at the heart of case-oriented approaches and I consequently provide substantial contextualised details of the cases in Chapter Six of this thesis.

Another characteristic or feature of case study is its emphasis on adopting an holistic approach. For example, Cohen and Mannion (1989) urge researchers to probe deeply and analyse intensely, while Geertz (1973) calls for "thick description." Sturman (1995) says in-depth investigation of inter-dependencies will lead to characteristic wholeness and integrity in researcher accounts. Case study as a research design provides a methodology that, while different to the scientific techniques of the traditional approach, offers a systematic approach to inquiry. I would contend that case study is appropriate for a study employing an over-arching conceptual framework based on complex adaptive systems. This is because complex adaptive systems while recognizing that systems have elements, contends that it is the interdependencies and interactions among the elements that create the whole. Complex adaptive systems suggests that studying the interdependencies and the

interactions of the elements as well as the unity of the system itself will provide insights for understanding the network and its system properties in a new and more holistic way.

#### **5.4.1.2 Definition of case and unit of analysis for this study**

The HPS Network under investigation is a specific bounded entity in that I am referring explicitly to the HPS Network in the mid-west region of Ireland. For this study the Network is considered as the quintain. Applying a complex adaptive systems framework to the implementation of HPS suggests context-specific study in schools, with a diverse range of agents with different roles as the core source of data. Given the focus of my inquiry the primary unit of analysis is the case study sites i.e. the three schools and in addition I provide a case encompassing the HPS Partnership which oversaw the development of the Network. Russell (2008) recommends this approach as patterns of commonality and diversity in the strategies of the schools can then be matched against hoped for Network outcomes to “identify specific links with change at the institutional level, including both the formal and informal systems.”

Research into complex organisational change in a particular context requires multiple research methods (Fenton and Pettigrew, 2000; Mitleton-Kelly, 2003). From the literature it can be seen that typically the case study approach employs a number of different techniques to data collection, for example – documents, interviews, observation, surveys and analysis and these are various methods used within the research design (Stake, 1995; Yin, 1994; Bassey, 1999). As I am interested in the interplay between context and the implementation of the HPS process, case study was appropriate as a research strategy as it allowed flexibility in framing the research and in collecting and analyzing the data. Various methods and steps in the case study process have been developed which strengthen and recommend it as an approach, for example; the inclusion of member checks, developing an audit trail, using multiple sources of evidence etc. These elements of case study are particularly attractive to me especially in relation to addressing some of the issues I faced in regard to researcher objectivity. The flexibility of the study design further supports the exploration of nuances and complexity that are of significant value to this researcher. Consequently, my research involves the use of a number of methods and tools. These are outlined in more detail below.

## **5.5 Methods**

At the heart of this research are three school sites which are identified as units of analysis in the study. These were chosen from the original schools that participated in the HPS Network in the mid-west region of Ireland during the period 2005 - 2015.

### **5.5.1 School sample selection**

In 2005, 17 schools became affiliated to the HPS Network in the Midwest. When I began my Master's research in 2007, I purposefully chose two primary school communities with whom to explore the role of the Principal in the development of the HPS Network. The schools were located near to each other which aided my data collection and this was one of the main reasons for selecting those two schools at that time. The schools had also engaged with the HPS process from the establishment of the HPS Network. The research at Master's level (I completed M Ed in Educational Research in 2009) functioned as the pilot study for my work at doctoral level. When I came to make the selection of schools for my doctoral research, I had hoped to include the two schools that had earlier engaged with me in the Master's level work. While one school from the pilot was able and willing to continue its involvement in the research process the other pilot school was unable to continue participation due to reasons outside this researcher's control.

I identified a number of other schools that were dispersed geographically and demographically using criteria such as location, size, gender and school type to invite to participate in my study. I eventually decided on three schools to include in the study – one from the original pilot site and two other schools from a different part of the region and also with different social and demographic bases. These schools also had different start dates for their engagement with the HPS Network. The sample broadly reflects the variety of primary school types in existence in Ireland at present.

The reasoning behind my choices was influenced by the following criteria:

#### **The schools had been engaging with the Network to varying degrees.**

Including different schools provided insights into the needs of schools with different levels of engagement in the process. This criterion specifically relates to addressing the first and second of my research questions and helped to provide insights into how the concept of HPS was introduced and evolved in school communities over time. It

also contributed to highlighting the supports and barriers to developing the Network which is my overarching question.

**The schools have been participating in the Network for different lengths of time.**

This provided insights into the needs of schools at different stages of the process and again related to the overarching research question related to supports and barriers in the course of the development of the Network. This also would have a bearing on the my fifth research question which seeks to offer guidance on what is needed to promote the ongoing development of the Health Promoting Schools in the Midwest and beyond.

**Each of the schools had established its own HPS Working Group.**

This allowed me to explore the representativeness of the groups in terms of how broadly the concept was being engaged with at the school level and also to gain understanding regarding the formation of the groups and compile a wide range of stakeholder perceptions around HPS. This was particularly relevant to help with answering the first and second of my research questions.

**I believed that engagement with a structured inquiry such as my study would bring benefits to the school communities involved in terms of providing opportunities for schools to reflect and take stock of their involvement with the HPS process.**

This criterion relates to working in a health promoting way. The research process aimed to reflect the values that underpin health promotion and to this end I was committed to working with schools as opposed to in or on schools.

Table 5.1 outlines further details of the schools I approached to seek engagement with the research process.

**Table 5.1: Description of participating schools**

School	Area type	Size / No. of students	Type of Principal	Location	School type
<b>B</b>	Semi-rural	286 pupils 140 girls 146 boys	Administrative (Male)	Village	Co-educational primary school
<b>C</b>	Urban	220 pupils	Administrative (Female)	Significant urban centre	Boys primary school
<b>D</b>	Urban	193 pupils	Teaching Later became Administrative Principal due to enlarged school numbers – 235 (Female)	On periphery of urban centre	Girls primary school

### 5.5.2 Pilot study

Between 2007 and 2009 I completed the M. Ed in Educational Research at the University of Cambridge. The role of school principals in the development of Health Promoting Schools was the focus of my study at that time.

One of the key findings from the pilot was that the Principal is a key player in promoting HPS within a school especially through building good working relationships with their staff. Another key finding was that there was little actual networking taking place between schools at that stage of the process (up to 2009) and this was largely attributed to the fact that the DES had not been prescriptive in relation to HPS and HPS had not been officially incorporated into any of the Department's evaluation frameworks. This meant that although quite a significant amount of work was being carried out in relation to HPS it was not being tracked formally. My doctoral research aims to partly rectify this. The lack of any accreditation system for participating schools was also highlighted as significant as this meant that work on HPS was being completed without recognition.

The pilot study made a series of recommendations including requesting more human and financial resources be ring fenced to enable and sustain the implementation of HPS, that is, to provide for the development of supportive environments at individual

school sites, to provide more training for principals and teachers to develop knowledge and skills in implementing HPS and to develop a national framework and guidelines on HPS implementation. The recommendations also included a request for more time to be allocated in the curriculum to focus on SPHE and that HPS should be included in whole school evaluation processes. The report suggested that more support from government for the development of regional networks such as the Health Promoting School Network in the Midwest would enhance HPS locally and provide opportunities for schools to meet in the context of sharing best practice and disseminating learning

At the time of the initial study I anticipated that I would be exploring the Network of Health Promoting Schools in more detail at doctoral level and, therefore, I looked on the original research as the pilot for this later work. This was very useful as it allowed me to test my conceptual framework and my methodology. I have subsequently refined and (hopefully) improved the research process in this work, for example providing more detailed Information Packs to schools at the beginning of the process, providing evidence of the usefulness of employing a CAS perspective and so forth. In many instances the methods I adopted in the pilot study are replicated in this work.

### **5.5.3 Gaining access to schools**

Initial contact was made directly by telephone to the principals of the schools selected. This was followed up with a formal written request for participation that included an information pack outlining the aims and objectives of the study and detailed the steps involved in the research process (please see **Appendix VI**). I developed the information packs following learning gained through the pilot process. Following receipt of formal agreement to participate in the research, the researcher met with each individual principal to discuss the selection of research participants in their specific school site. I outlined possible options to the Principals at the preparatory meeting stage (please see **Appendix VII**). The principals informed the school communities, through school notices (on school website and through school newsletters) that the research was taking place.

### **5.5.4 Participant selection**

In order to gain a full understanding of the conceptions various members of the school community held with regard to HPS, and the process associated with its

implementation, I sought participants from the whole school community. To this end, the sample for each school site included the Principal, staff members, parents and children. During the process of implementing HPS in schools, each school was required to establish an HPS Working Group. All members of each school's Working Group were invited to engage as participants, though not all were available. Some parents had moved off the Working Group, many parents were working and it was hard to get some participants to give up time for the research.

Following discussion between the researcher and the principal, the principal identified and approached adult participants (teachers and parents) in advance of the fieldwork. Adult participants were given a copy of the research process literature (**Appendix VI**). In each school the HPS Coordinator was invited to participate and the Principal approached at least one other teacher to invite them to participate. All teachers asked to participate did so. Parents who were members of the school's HPS Working Group were invited to participate and the Principal was asked to identify and approach at least one parent who had NOT participated on the school's HPS Working Group. Each school provided at least two parents who were willing to participate in the research. Participation was at all times voluntary and interviews and discussion groups were conducted in the school with school participants.

Table 5.2 provides details of the number and type of participants from each school.

**Table 5.2: Participants from each school**

School	Participant	Pupil	Parent	Staff	Principal
<b>B</b>	HPS Working Group member	4	2	1	1
	Non-HPS WG member	2		1	
<b>C</b>	HPS Working Group member	5	1	1	1
	Non-HPS WG member	2	1	1	
<b>D</b>	HPS Working Group member	6			1
	Non-HPS WG member	6	2	1	
<b>TOTAL</b>		<b>25</b>	<b>6</b>	<b>5</b>	<b>3</b>

Participants were also sought from among stakeholders in the HPS Network outside the school communities. Members of the Steering Group of the HPS Partnership that oversaw the development of the Network were approached and invited to participate. Nine partners representing different agencies or parts of the DES and the HSE agreed to participate in the research. **Appendix VIII** provides a brief overview of the different agencies represented.

In total 23 adults (nine Steering Group members, three Principals, five Teachers and six Parents) participated in the study. 25 children (ranging in age from 10 – 13 years of age) participated.

In terms of the gender breakdown of participants, three members of the HPS Partnership Steering Group who participated were male and six were female. From the schools two of the principals were female and one was male. All of the teachers and parents who participated were female. In School B three of the pupils who participated were female and three were male. In School C all seven participating pupils were male. In School C all 12 participating pupils were female.

#### **5.5.5 Seeking consent**

Consent forms were developed for use with all participants. In this instance I drew on the earlier forms and procedures that I had developed when carrying out the earlier research for my Master's thesis. These tools had proved acceptable to the previous participants and suitable for my work. (Copies of the consent forms are included in **Appendix VI**). In the case of the children participating, consent was first sought from their parents and Principals. Following this children were asked for their assent to participate. The inclusion of different gatekeepers (parents, principals) for the children acted as a safeguard for my research.

My research adopted a 'consent as on-going' approach (Simons and Usher, 2000). This meant that although participants' involvement was agreed prior to their participation in interviews and/or discussion groups, it was explained at the beginning of each data collection point that the participant did not have to answer any question if they so wished and that they could withdraw from the research process at any stage. Consent forms from parents for their child were returned to the school prior to data collection and forwarded to the researcher. On the day of data collection, pupils were asked to complete their own assent form. The aims and objectives of the research



were explained to all participants in an appropriate and accessible way before any data was collected. At the end of each data collection exercise, time was set aside to summarise the main points discussed and a recap was provided for the purposes of clarity and confirmation.

### **5.5.6 Conducting interviews**

Semi-structured interviews were employed with the stakeholders of the Steering Group of the HPS Partnership and with the adults in the school communities. These interviews consisted of a schedule of mainly open (but bounded) questions. This format was chosen as it offered a degree of flexibility for the researcher to expand on areas for clarification while at the same time supporting targeted concentration on identified themes for exploration. It also empowered participants in that it allowed participants a degree of freedom and power to introduce new themes and/or identify alternative avenues of exploration and discussion.

Interview guides were formulated in consultation with my doctoral supervisor. The initial draft was based on the format of the Master's research but the interview guide went through a number of drafts to refine the questions, as the focus of the research had broadened. The question categories directly related to the objectives and research questions under scrutiny for the doctoral study. The interview schedule is provided in **Appendix IX**.

The format of the interview schedule comprised open-ended questions with no pre-coded response categories. While the interview schedule differed slightly to accommodate different populations within the HPS Network (i.e. parents, staff, principal, HPS Partnership members) each adopted a funnelling process beginning with much broader questions leading to more directed questions about specific concepts under investigation. The main themes addressed in the interviews were:

- The participants understanding and perception of the HPS concept;
- The supports for the implementation of HPS;
- The barriers or obstacles encountered during implementation;
- The gains and potential of HPS.

Following the same format in the schedule helped ensure similarity between the interviews to allow for comparison later on. This approach also ensured that focus was maintained on the research questions and limited the amount of superfluous

information that was gathered. There was some variation in questioning in both the interviews and discussion groups as the context was dependent on the participants' age, personalities, knowledge, understanding and ability.

As I recognise that each interview is a unique context-specific conversation and not a detached information gathering process, I acknowledge that I may unconsciously have introduced some bias into the situation. While I am an experienced interviewer, I took care in eliciting the participants' perspective but do concede that in shaping the research process for efficient capturing of complexity there is inevitably what Russell (2008) terms '*a trade-off with objectivity*'. By completing multiple interviews with a range of stakeholders and combining this with the documentation of the process I felt I was able to counteract some degree of researcher and interviewer bias. Overall, the interviews were an effective and efficient way of collecting complex information about school strategies for implementing HPS and the inclusion of multiple perspectives from each level of participation in the Network.

#### **5.5.7 Discussion Groups**

Interactive Discussion Groups were facilitated by the researcher to collect information from school pupils at each individual school site. This method was chosen for use with children because of the suitability of the format for the age grouping. Firstly it afforded a supportive environment for the participants (that is, children were in groups together with their peers and in a familiar setting) and secondly it allowed extra scope for clarification and verification. I had previously tested this format with pupils in HPS schools in my Master's work and so I was experienced with this method of data collection. My past experience as a schoolteacher allowed me to liaise with ease with the students. Many of the children in the schools' HPS Working Groups would have previously engaged with me as part of the HPS process so I was not viewed as a complete stranger as such and this may also have helped with data collection.

The group sessions with the children were recorded in two ways. Firstly the discussion was recorded digitally (audio only) so that the full discussion could be captured for analysis later. The discussion was structured and designed to be interactive so that each child had to complete a number of tasks to elicit their understanding of the HPS concept and its implementation during the session.

Time was set aside at the beginning for introductions, an explanation of the study and the development of ground rules with the participants. Following this initial introduction to the research, the format for the session was explained. The children were asked about their perceptions of health and how school and home environments contribute to their health promotion. They were asked to respond to the questions individually and to record their responses on post-it notes. Each child was given a different coloured set of post-its. This ensured that anonymity could be maintained later with the added benefit that it allowed me to group responses according to an individual child without identifying them. This was the format utilised for the focus groups I conducted in my Master's study and it worked very well.

Children were asked as a group to sort the post-its into categories following each question. For example, themes such as Healthy Eating and Physical Activity emerged clearly in the children's responses. Unusual or exceptional suggestions were discussed and teased out with the groups. The priorities for the children were discussed as were the items which received most mentions. Children were asked to suggest how improvements in their health behaviours could be achieved and these were also noted on the post-its. Time was also allocated at the end to provide a summary of the feedback received and to highlight the key points discussed. The format allowed for the collective construction of the data set as the material gathered were stimulated and shaped by the interactions and I felt that overall each session went very well. The protocol for the Discussion Group with Children is provided in **Appendix X**.

The data collection process involved at least two trips to each of the school sites to conduct interviews with participating adults and facilitate the discussions with the children selected in each school. During this time I also had to visit schools' Working Groups for ongoing work in relation to HPS implementation.

The data collection was completed with schools during 2011 and 2012. The interviews with members of the HPS Partnership were carried out in 2012.

#### **5.5.8 Secondary data sources**

In order to realistically situate my research within a contemporary context (Ireland in the 21<sup>st</sup> century) and in recognition that schools operate as a nested system, some information was drawn from secondary data sources to contextualise my findings. I explored existing relevant sources such as the Census statistics database, the Health

Behaviour of School-age Children (HBSC) Surveys and the dataset from the Growing Up in Ireland Survey (a comprehensive longitudinal study). I completed training on using both these data sources and received permission and secured access to use both the Census and GUI databases in my research. Both datasets provided an enormous amount of information in relation to indicators of child health and wellbeing, children's perceptions of schooling and Irish society in general and provided a backdrop against which to offset my own data. My own findings generally reflect the overall thrust of these larger national data sets.

#### **5.5.9 Observational data**

Observational data gathered throughout the process of HPS implementation was used in order to expand the complexity of the description of the HPS Network. These data were recorded in the form of on-going field notes since the project's inception. As the field notes were recorded during and directly after school-based visits and activities and also following HPS Partnership meetings they provided invaluable contemporaneous insights into the operationalising of the HPS process. Many of the notes were also co-constructed following de-briefing sessions by two Health Promotion Officers working together (particularly during the period 2005 – 2009) and consequently provide accounts with a strong degree of reliability. From 2009 onwards, field notes were completed by the researcher working alone and so there is the possibility that individual bias may have distorted interpretations in this regard. Field notes cited from 2009 onwards are, therefore, only used in conjunction with data provided from other sources, for example, interviews, discussion groups, HPS Partnership meeting minutes etc. Including observational data allowed me to document activities, behaviour and physical aspects of the school sites without having to depend on other people's willingness and/or ability to answer or respond to questions.

#### **5.5.10 Ethical considerations**

Approval and permission for conducting the research has been sought from the Steering Group of the HPS Network. Two other levels of safeguards were utilized to ensure that my research adopted an appropriate ethical approach. I received permission from my employer, Mary Immaculate College to conduct this research. I also completed the Faculty of Education, University of Cambridge's checklist

regarding British Education Research Association guidelines (BERA, 2004). I at all times adhered to the guidelines stipulated by BERA (2004) during my research.

Each of the interviews and focus groups were recorded in digital format. The original data files were stored safely by the researcher with access only by the researcher throughout the study period. The recordings were subsequently transcribed and verbatim transcripts were developed by this researcher alone.

The original data set has been held for the duration of the research project (i.e. doctorate completion) with the anonymised data being held for five further years in the researcher's safe keeping to allow sufficient time for any follow-up research or to aid future dissemination or publication of journal articles based on the research findings. This was explained to research participants at the beginning of the project.

#### **5.5.11 Coding and analysis of data**

Braun and Clarke's (2006) framework for thematic analysis was used to identify themes and patterns within the data. Braun and Clarke (2006) make a distinction between a top-down analysis which is more focussed on specific research questions and bottom up analysis which is more influenced by the data itself. My analysis was more top down than bottom up as it was more driven by the research questions.

Braun and Clarke (2006) use a six step process for thematic analysis and these were followed in this research. The first step requires a rigorous process of data familiarisation on the part of the researcher. All interviews and focus groups were transcribed verbatim into a word processing format. Similarly field notes and minutes from HPS Partnership meetings were incorporated into a format compatible with computer-aided analysis, that is, typed into word format documents. These were augmented by the addition of contextual/reflective notes of researcher.

The developed transcripts were subsequently read by the researcher while listening to the recording. During this process the researcher consulted with field notes taken at the time of recording and any nuances in intonation, laughter, recall of expression or gesture etc. was noted with the aim of putting comments made into context and/or perspective. I felt that this part of the process thoroughly grounded me in the data.

The second step in Braun and Clarke's (2006) framework involves the generation of initial codes. The first transcript was broadly coded using indexing categories that

matched the themes identified in the literature review. These included; the HPS concept, leadership, change, collaboration, barriers and supports for HPS implementation. This helped to make the material more manageable and also to ensure that the research questions that are the focus of the study were to the fore from the outset of the analysis stage of the research. Only segments of text that seemed to be relevant to or specifically addressed the research questions were coded at this stage. The researcher waited a few days and returned to a 'clean' version of the transcript (that is, a copy of the transcript with no markings on it) and repeated the coding process again. This was to try and ensure that my identification of the initial codes was consistent with my first effort. Following this I gave a colleague, who is an experienced researcher, the list of codes I had generated from my own reading and asked her to read the anonymised transcript. I asked her to consider the codes and give me feedback. This was useful and helped me to consider my coding decisions from a more objective stance. I then moved through the rest of the transcripts, again coding relevant segments of texts. I did this by hand initially, working through hardcopies of the transcripts and notes using different coloured highlighters. Besides labelling each code it was important to identify each code with its original source, for example, parent from School B, as I knew I would be completing a within and cross case analysis in the course of my research.

In step three of the process the codes are organised into themes that seemed to say something specific about the research questions. The themes identified were predominantly descriptive. Some themes were derived from multiple sources while others were derived from only one or two sources.

In the next step the preliminary themes were reviewed and modified. This was done with support from my supervisor who advised specificity and succinctness to labelling. Similar themes from each transcript were now gathered together. These were grouped together by case. Each piece of the data was considered in terms of whether or not it supported the thrust of the theme specified. Some themes were eliminated and some were amalgamated. In some instances sub-themes were identified.

Following Braun and Clarke's (2006) process a clear definition of each theme emerges. This is where the researcher aims to "identify the 'essence' of what each

theme is about' (Braun and Clarke, 2006: 92). The final step for Braun and Clarke (2006) is the writing up of the analysis in some form. This is provided in the cases and Chapter Seven of this thesis.

Following the completion of the analysis above the themes identified were considered in terms of the features of CAS, which provides the overall conceptual framework for this study. The key features against which the themes were considered were: internalised rules, nested systems, fuzzy boundaries, interdependencies, self-organisation / emergence, decentralised decision-making, non-linearities, tensions and paradoxes. Key findings and analysis are included in the final sections of each case in Chapter Six and are specifically treated in Chapter Eight.

A combination of paper-based and electronic software tools were utilized in the coding process for the primary data collected. Using electronic software allowed the researcher to initially include all collected data together in one place and format. In summary, the different phases of the analysis process allowed me to progressively focus and funnel the data. Following this iterative process the codes were refined to highlight aspects that directly related to the research questions being explored.

#### **5.5.12 Anonymising data**

Any reference to schools was coded to avoid identification and provide school communities with as much confidentiality as possible. However, it should be noted that with such a small sample from which to draw my case study set, it may be possible that some identification at local and regional levels may be possible. This is increasingly likely amongst participating network schools. This possibility was brought to the attention of participants prior to data collection.

Where original data from the transcripts is included in the text it is identified by a designation that corresponds to the grouping in the school community for which the data represents, that is, Principal, Pupil, Staff, Parent. This ensures a degree of anonymity for the research participant and at the same time makes the data more accessible to readers. Each school was given a letter designation to further increase anonymity.

## **5.6 Conclusion of Chapter Five**

This chapter outlined the epistemological stance of the researcher. This study is located at the interpretivist end of the research continuum. The research questions and the context chosen to investigate them involved me as an individual researcher in close interaction with the participants in the study in order to elicit and understand various strategies for HPS implementation.

The rationale underpinning the adoption of a case study approach was outlined. One of the key points raised and discussed is my interest in researching the interplay between context and the implementation of the HPS process. Case study was presented as an appropriate research strategy as it allowed flexibility in framing the research and in collecting and analyzing the data. While recognising some limitations of the approach in terms of generalisability, these were offset against the adoption of a multi-case strategy. Collecting data from a number of sites allows for patterns of commonality and diversity in the strategies of the schools to be identified and these can be matched against intended expectations and outcomes. The value of case study to this researcher was highlighted as its potential to develop in-depth accounts with an emphasis on reality, to provide insights for understanding the network and its system properties in a new and more holistic way.

The methods used for data collection are a significant design issue in terms of using the case study approach and consequently each method was discussed in turn, highlighting the researcher's perspective of same. The principles underpinning the researcher's approach to ethics were outlined. These principles governed how data were collected (which included how access and consent was obtained, as well as the procedures for the actual data gathering); how data was stored, anonymised and coded. Explicit reference was made to the use of a number of external and internal gatekeepers (for example, BERA checklist, getting parental and principal's permission for child participants) to help safeguard the process.



## **CHAPTER SIX – CASE STUDIES**

### **6.1 Introduction**

Following the collection, anonymising and coding of the primary data, a series of case studies was developed, one for the Health Promoting School Partnership which oversaw the development of the HPS Network in the Midwest and one each for each of the three school sites. The complexity and context of individual cases is at the heart of case-oriented approaches and consequently substantial contextualised details of the cases are presented in this chapter. Each site is treated as a separate unit of analysis with a narrative account of each unit initially presented.

The first case focuses on the Health Promoting School Partnership. The origins of the Steering Group that oversaw the development of the Health Promoting School Network are explained. A description of the Steering Group and the Technical Working Group that was responsible for facilitating the implementation of HPS directly with schools is provided. The composition of the two groups is outlined along with their respective Terms of Reference. This case also presents details of the meetings held by the Partnership and describes the length of participation of each of the partners. The primary sources drawn on for the early part of this case are the minutes from Steering Group and Technical Working Group meetings.

The latter sections of this case present the findings from the interviews with the Partnership members. The findings are analysed against the research documented in the literature review. In the context of this case, the literature on Health Promoting Schools, Partnership, Leadership and Introducing and Managing Change are particularly relevant. A conclusion section that summarises the key points raised in the case in relation to the supports and barriers to developing Health Promoting Schools in the Midwest region of Ireland is then provided.

The next three cases relate to the individual school sites. Each school case is presented in the same format. Firstly, a thumbnail profile of each school is provided which describes the school location, ethos, pupil and staff numbers, facilities and additional relevant information where appropriate. Next, a timeline of the school's involvement in the HPS Network is depicted highlighting key points in its implementation of the HPS process. The perspectives of various stakeholders from

the school communities are then presented. For each school case these perspectives include accounts from the Principal, teachers, parents and pupils.

As with Case One the findings from each of the school sites are analysed against the research documented in the literature review. For the three school cases a consideration of the school in terms of the elements of Health Promoting School is also included. Each case ends with a summary of the supports and barriers to developing HPS which were identified in the case.

## **Case One: The Health Promoting School Partnership**

### **6. 2 Origins of the partnership**

In 2004 the Health Service Executive (HSE) commissioned research, part of which looked at the potential for developing Health Promoting Schools in the mid-west region. The response from schools to this idea was overwhelmingly positive – 74% of schools expressed interest in becoming part of a Health Promoting Schools (HPS) initiative. This researcher was a member of the 2004 research team which comprised two education and two health partners, all of whom were actively working with schools at the time.

Following the publication and dissemination of the 2004 research, the project workers approached their respective line managers with a proposal to engage schools in a Network of Health Promoting Schools in response to the need identified by schools themselves. Following approval for the establishment of a network the research team identified stakeholders in both the health and education sectors. Approaches were made to relevant agencies and organisations requesting representatives to participate in a Steering Group to oversee the development of a Network of Health Promoting Schools in the Midwest region. As a result of these endeavours senior level personnel from both the Department of Education and Skills and the Health Service Executive (all of whom were based in the Midwest region) came together to form the HPS Partnership in 2005. An outline of the meetings of the Partnership is provided in **Appendix XI**.

### **6. 3 Description of the HPS Partnership**

The first formal meeting of the Steering Group took place in September 2005 and was held in the University of Limerick. The initial participants included representatives from the Department of Education and Skills (DES Inspectorate, DES Administration, Directors of Education Centres, School Development Planning Service) and from the Health Service Executive (Health Promotion personnel, Local Health Office Managers) and two representatives whose roles could be considered to span both education and health sectors – the Post Primary Regional Development Officer of the SPHE Support Service and the Health Promotion Officer for Primary Schools based in Mary Immaculate College (this researcher) – both of these posts had been established by separate partnerships between both sectors prior to the initial research.

It was clear from the early discussions with the partners that many of the anticipated tasks that would arise in the development of the Network would activate a range of cross-functional relationships. It was quickly identified that structures would be needed to delineate roles and clarify responsibilities for facilitating the development of a Network of Health Promoting Schools. The partners agreed that the HPS Partnership would comprise of the **Steering Group** (stakeholders from the DES and the HSE who would be responsible for overseeing the partnership), various **Technical Working Groups** (mainly responsible for working directly to implement HPS with schools but who would also be assigned specific tasks such as organising a Launch Day, developing a website etc.) and the **HPS Network** (the participating schools). Over the course of the first two meetings Terms of Reference for the Steering Group and the Technical Working Group were formulated and agreed.

### **6. 3. 1 Terms of Reference**

Separate Terms of Reference were developed for the Steering Group and for the Technical Working Group and are presented below. These are taken from the minutes of the Steering Group meeting February 2006 where they were agreed.

The Terms of Reference for the Steering Group

- To provide strategic guidance and support for the development of the HPS Network in the Midwest region;
- To provide a forum for key stakeholders in the Education and Health sectors to work in partnership in relation to supporting schools in the Midwest region;
- To identify opportunities and resources for collaborative working between the Health and Education sectors in the Midwest region;
- To support the work of the HPS Technical Working Group.

The Terms of Reference for the Technical Working Group

- To support the establishment and development of the HPS Network in the Midwest region;
- To apply the LEAP framework in the context of the development of the HPS Network;
- To communicate regularly and provide information to the Steering Group on the implementation and progress of the HPS Network;
- To take direction from the Steering Group;

- To work in a way that supports the building and maintenance of partnerships between the DES and the HSE.

**Note:** The LEAP Framework is a Learning, Evaluation and Planning resource designed to support a partnership approach to achieving change and improvement. Details of this approach and the principles underpinning it are provided in **Appendix XII**. At the time of the establishment of the HPS Partnership the LEAP Framework was being utilised in various Health Promotion initiatives in the Midwest. It was suggested by the Technical Working Group as the framework to guide the activities within the HPS Partnership. The Project Officer completed workshops with the Steering Group and Technical Working Group members to familiarise participants with the approach.

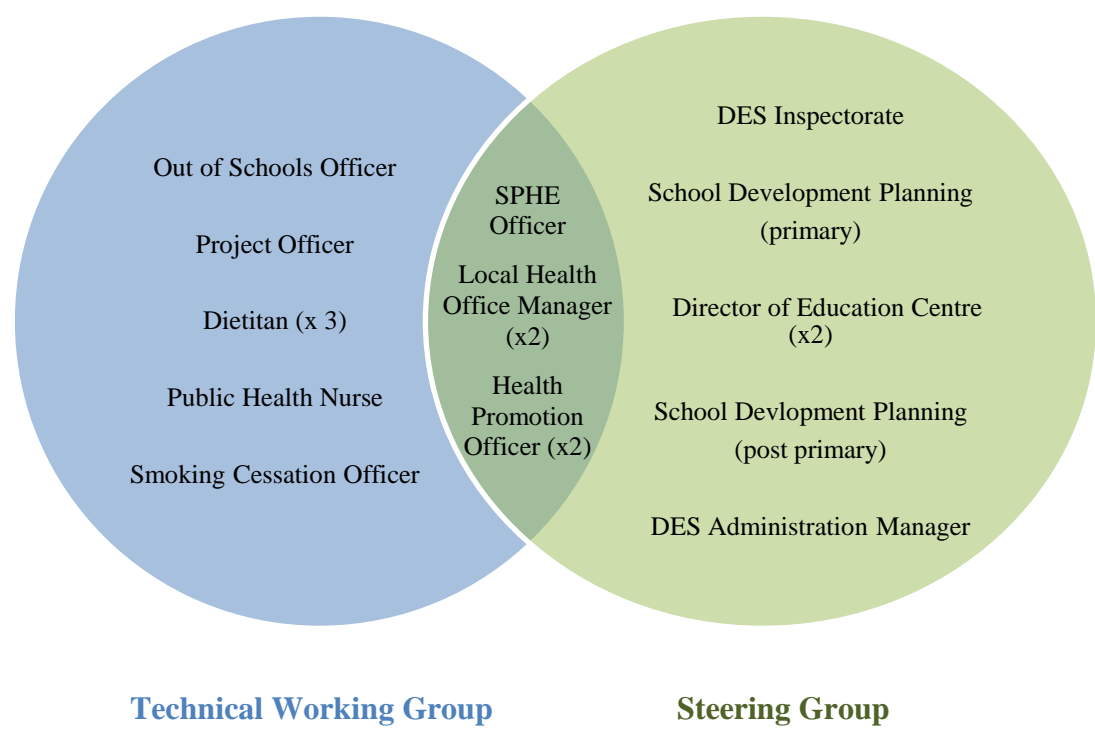
### **6. 3. 2 Composition of the Technical Working Group**

Initially all health promotion personnel in the Midwest region were invited to get involved in the HPS Partnership through participation in the Technical Working Group. The Health Promotion Local Health Office Managers for counties Limerick and Clare (who were members of the HPS Steering Group) brought the potential Technical Working Group members together and outlined the proposals for developing a Network of HPS in the region. It would be fair to say that because the managers brought the proposal to their staff that this acted as an endorsement for the project at the early stages and ensured strong health promotion personnel involvement.

The members of the Technical Working Group held a variety of briefs regarding their job descriptions and many had only limited contact with schools in the daily execution of their duties prior to working on HPS. The Technical Working Group comprised of Health Promotion staff (Local Health Office Managers, Dieticians, Smoking Cessation Officer, Out of Schools Officer, Senior Health Promotion Officer, Project Officer, Public Health Nurse) and the two partnership workers (SPHE Support Service Officer and Health Promotion Officer for Primary Schools who were also members of the Steering Group). While all Technical Working Group members were expected to work with schools in support of HPS implementation a number of tasks were assigned to smaller cohorts within the group. This smaller Technical Working Group comprised of the two Local Health Office Managers, Senior Health Promotion Officer, Health Promotion Officer for Primary Schools and the SPHE Support Service

Officer. Figure 6.1 depicts the composition of the different groups showing the overlap between the Steering Group and the Technical Working Group.

**Figure 6.1: Composition of Steering Group and Technical Working Group**



Crossover between the Technical Working Group and the Steering Group occurs via the joint membership of both groups by some of the participants, that is, those in the Small Working Group. The Project Officer also fulfilled roles with both groups in relation to training requirements in the use of the LEAP Framework. Occasionally some Technical Working Group personnel attended Steering Group meetings as alternates for partners on the Steering Group who could not attend a particular meeting.

**6. 4 Partnership meetings and participation**

The meetings of the Steering Group and the Technical Working Group are outlined over the next sections. Details of the different types of meetings held are described as are who attended.

There have been 26 meetings of the Steering Group since the Partnership's inception. Figure 6.2 indicates when these meetings were held and dates from the initial meeting of the Steering Group in September 2005 to April 2013. The timeline does not include the initial research carried out in 2004 as this pre-dates the establishment of the HPS Partnership. It should also be noted that the formal Launch of the Network occurred subsequent to the establishment of the Partnership. Two meetings of the Steering Group were held in September 2006 in preparation for the formal Launch which took place in October 2006. The Steering Group met on average three to four times a year for the duration of the Partnership.

**Figure 6.2: Meetings of Steering Group by month and year**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2005									■ 1			
2006		■ 2			■ 3				■ 4 ■ 5			■ 6
2007	■ 7		■ 8			■ 9				■ 10	■ 11	
2008		□	■ 12		■ 13				■ 14			■ 15
2009		■ 16			■ 17							
2010						■ 18				□		□
2011			■ 19									
2012				■ 20		■ 21				■ 22		
2013	■ 23			■ 24	■ 25				■ 26			

**Key to diagram:** ■ = Steering Group meeting □ = postponed meeting

In 2010 and 2011 the Steering Group met only once during the academic year. In 2010 two meetings that were scheduled to take place were postponed due on one occasion to illness among Steering Group members and on the other because of extreme adverse weather conditions. This resulted in almost a year going by without a Steering Group meeting being held. In 2011 changes in the composition of the Steering Group (due to redeployment of partners and retirements) severely constrained the operation of the Steering Group and meetings could not take place until replacement Steering Group members were assigned. Some of the problems associated with replacing members were related to the lagged effects from government measures taken in the wake of the economic crisis (see Footnote 2 on page 4). Figure 6.2 indicates that up to 2010 regular meetings of the Steering Group were taking place and from 2012 the stability of the Steering Group had been restored and meetings once

again became regularised. Figure 6.3 outlines who attended each of the meetings of the Steering Group of the HPS Partnership.

**Figure 6.3: Attendance at Steering Group meetings**

Meeting	Researcher	DEC (L)	DEC (C)	LHOM (L)	LHOM (C)	SDP (PP)	SPHE Service	Senior HPO	SDP (P)	DES (Insp)	DES (Admin)	Project Off.	PHN Dir.	Student	HSE (Admin)
1	✓	✓	✓	✓	✓	✓	✓			✓	✓				
2	✓	✓	✓	✓	A	✓	✓	✓				✓			
3	✓	✓		✓	A	✓	✓	✓				✓			
4	✓	✓	✓	✓		✓	✓	✓			✓	✓			
5	✓			✓		✓	✓								
6	✓	✓		✓	✓			✓				✓		✓	✓
7	✓	✓	✓		✓	✓		✓	✓	✓		✓		✓	
8	✓	✓	✓	✓	✓	✓		✓	✓	✓					
9	✓		✓	✓	✓	✓		✓	✓						
10	✓			✓	✓	✓	✓	✓	✓						
11	✓	✓	✓			✓			✓						
12	✓	✓		✓	✓	✓	✓	✓	✓						
13	✓	✓	✓	✓		✓			✓						
14	✓	✓		A		✓	✓		✓						
15	✓	✓	✓			✓									
16	✓	✓				✓									
17	✓	✓	✓	A	✓								✓		
18	✓	✓		✓	✓								✓		
19	✓	✓	✓	A	✓								✓		
20	✓	✓	✓	✓	✓										
21	✓	✓	✓	✓	✓										
22	✓	✓	✓	✓	✓										
23	✓	✓	✓	✓	✓										
24	✓	✓	✓	✓	✓										
25	✓	✓	✓	✓	✓										
26	✓	✓	✓	✓	✓										

**Key to diagram:** DEC = Director of Education Centre (L – Limerick, C - Clare), LHOM = Local Health Office Manager (L – Limerick, C - Clare), SDP = School Development Planning (PP post primary, P primary), DES (Insp) = Inspectorate, Project Officer = Health Promotion Officer who facilitated the LEAP process, PHN (Dir) = Public Health Nurse Directorate representative, Student attended two meetings while on work placement, HSE Admin. provided support in the preparations for the Launch.

✓ = attended meeting, ✓ = change in personnel, A = alternate from TWG attended.



As you can see from Figure 6.3 this researcher attended all meetings of the Steering Group. As the nominal secretary for the group, I organised the meeting times (after negotiating with the group usually two meetings in advance). The Directors of the Education Centres and the Local Health Managers have also been constant partners and attended meetings throughout. For the first number of years of the project, representatives from School Development Planning also consistently attended meetings as did the Senior Health Promotion Officer and the SPHE Support Service partner. However, following HSE reforms and the economic downturn of 2008 a moratorium on staff recruitment was introduced which resulted in partners who left not being replaced.

The average number of partners who attended meetings was approximately six. In the beginning more partners attended (over the course of the first 10 meetings the average attendance was eight partners). Figure 6.4 indicates the length of term served by each member of the Steering Group. Figure 6.4 also shows changes in personnel over the life of the Partnership. This happened in the case of Directors of Education Centres and Local Health Office Managers. This has resulted in different partners having varying lengths of experience on the Steering Group.

**Figure 6.4: Length of time served on Steering Group**

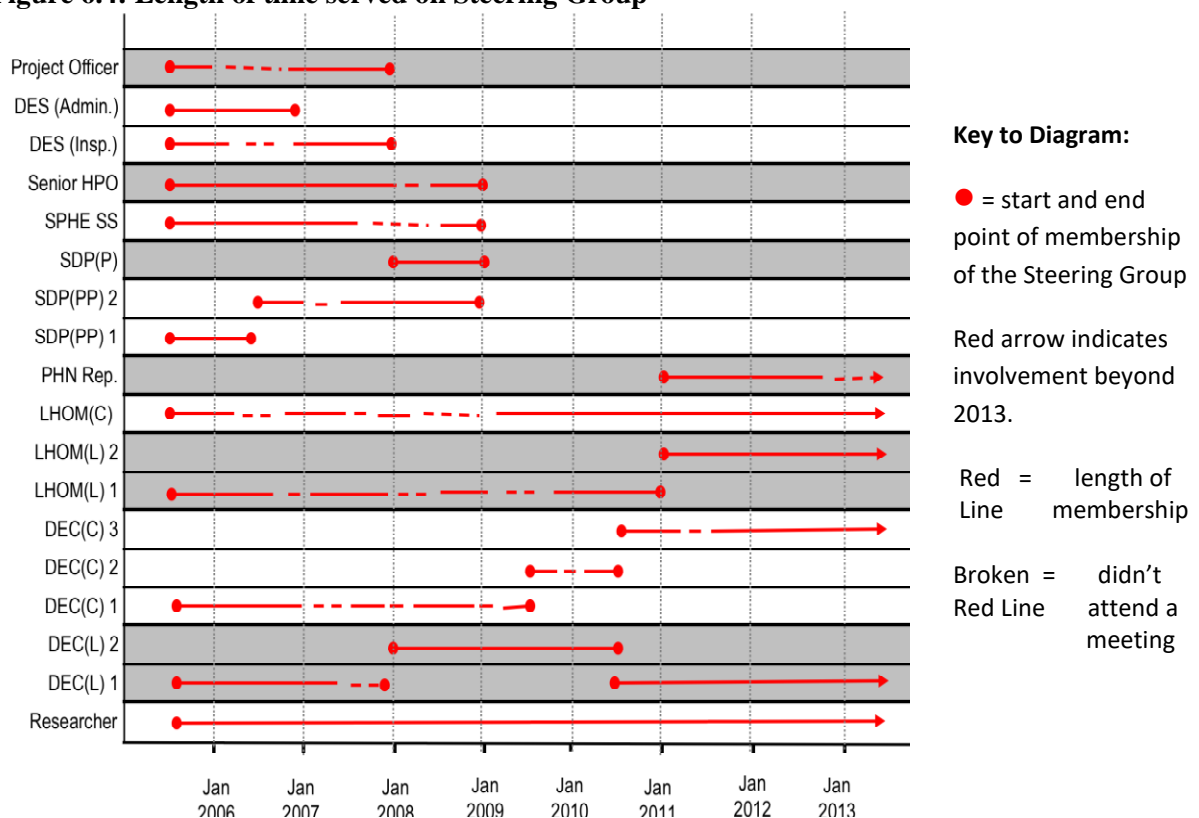
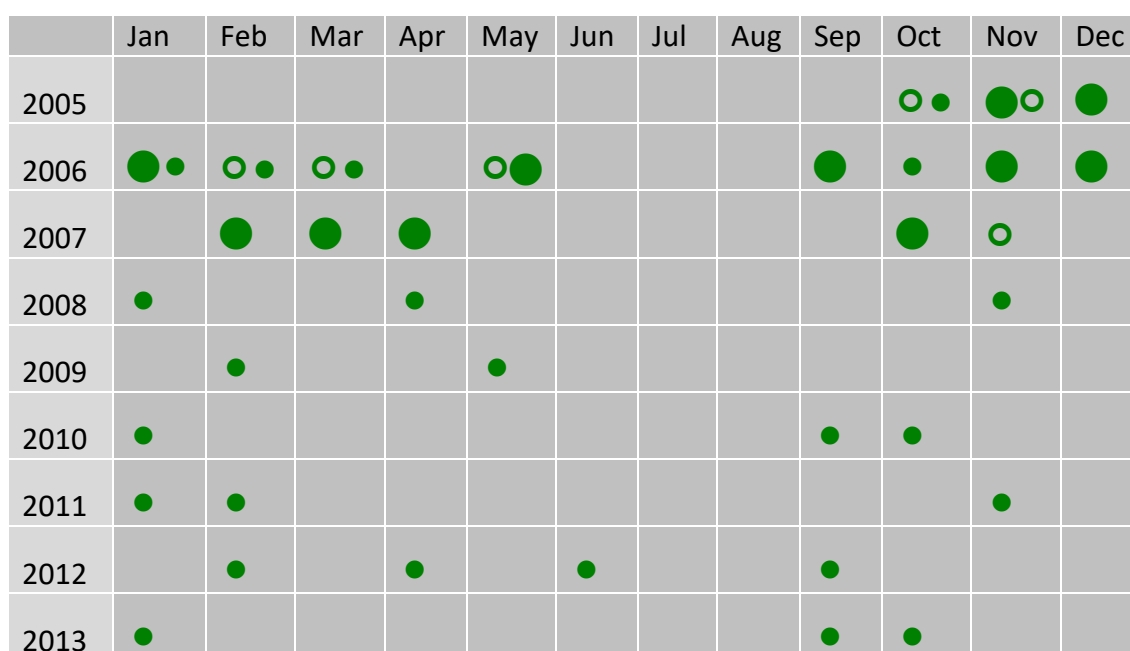


Figure 6.5 focuses on meetings of the Technical Working Group (TWG).

**Figure 6.5: Meetings of Technical Working Group by month and year**



**Key to diagram:** ● = Full Technical Working Group meeting

○ = Sub-group of TWG assigned specific task

● = Pairs or trios of TWG members who met to plan meetings with schools

The full Technical Working Group met on eleven occasions, all of these meetings taking place at the early stages of the project. The full Technical Working Group meetings (●) were used as a communication mechanism between the Steering Group and those engaging directly with schools participating in the Health Promoting School project. The meetings were also used to introduce the concept of HPS to health promotion personnel and also to clarify the steps involved in developing the Network using the LEAP Framework.

There were six meetings of the smaller sub-group of the TWG (○). This sub-group was assigned specific tasks in relation to preparing the materials and resources that would be used to support the process of HPS implementation. As the project developed TWG meetings evolved into smaller local meetings involving pairs or trios of staff (●) working regionally to support individual school clusters.

Figure 6.6 presents the combined meetings of the Steering Group, Technical Working Group and Smaller Working Group. It also indicated other types of meetings that took place for each year of the Partnership.

**Figure 6.6: Formal meetings / events of HPS Partnership by year and month**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2005									◆1 ■	○ ●	● ○	●
2006	● ●	○ ■ ●	○ ●		○ ■ ●	◆2			■ ● ■	◆3 ●	●	■ ●
2007	■	●	● ■	●		■	◆4			■ ●	○ ■	
2008	●	□	■	●	■				■		●	■
2009		■ ●			■ ●							
2010	●					■			●	□ ●		□
2011	● ◆5	● ◆5 ◆5	■								●	
2012		●		■ ●		■ ●	◆4		●	■		
2013	■ ●		◆6	◆6 ■	■		◆4		■ ●	◆7 ●		

**Key to diagram**

- = Steering Group meeting
- = postponed Steering Group meeting
- = small Technical Working Group (assigned specific task)
- = full Technical Working Group (all partners working with schools)
- = reduced Working Group (following HSE reforms TWG meetings consisted of two or three partners meeting locally to plan work with schools)
- ◆1 = Preparatory talks prior to establishment of HPS Partnership
- ◆2 = Cluster meeting of school principals
- ◆3 = Official launch of HPS Partnership
- ◆4 = HPS Summer School
- ◆5 = School cluster meetings
- ◆6 = Workshops to introduce HPS to Primary Care Teams and HSE personnel
- ◆7 = Formal awarding of HPS Flag

It is clear from Figure 6.6 that there was concentrated activity for the first number of years of the project (2005-2008). Steering Group meetings (red squares) precipitated planning meetings of the Technical Working Group and resulted in follow up meetings for the Technical Working Group. The yellow diamonds signal clustering or networking events and it is clear that as the Partnership progresses these sorts of activities are scheduled more regularly.

## **6. 5 Learning from the members of the Partnership**

In this section the findings from the interviews with Steering Group and Technical Working Group members are presented. Direct quotes from participants are followed by either the letter [E] in brackets representing a comment made by a respondent from the Education sector or [H] in brackets representing a comment made by a respondent from the Health sector. Each quote is then attributed to an individual participant via the following key:

**DEC-L** = Director of Education Centre Limerick

**DEC-C** = Director of Education Centre Clare

**LHOM-L** = Local Health Office Manager Limerick

The personnel holding this post changed during the course of the research period consequently a distinction is made between the First Manager (who returned later) who is designated as L1 and the Second Manager who is designated as L2.

**LHOM-C** = Local Health Office Manager Clare

**SDP- PP** = School Development Planning Post Primary

**SDP- P** = School Development Planning Primary

**PHN – R** = Public Health Nurse Directorate Representative

**HPO-D** = Health Promotion Officer Dietitian

**S-HPO** = Senior Health Promotion Officer

To aid the reader the full explanation of the codes used on particular pages are further provided at the foot of each alternate page.

### **6. 5. 1 Partnership dynamics**

All the respondents reported that participation and membership of the Steering Group and/or Technical Working Group was a positive experience.

“Overall it has been positive and it has been great to be involved.”[H] HPO – D

“A very positive experience.” [E] SDP –P

“Everybody has a good working relationship.” [H] LHOM-C

“It was very enjoyable.” [E] DEC-L

“It’s been positive.” [H] LHOM –L2

“I did enjoy it.” [H] S-HPO

“I have to say I loved being part of it.” [H] PHN- R

“The group has a good atmosphere.” [E] DEC-C

“It was a very positive experience.” [H] LHOM – L1

### **6. 5. 1.1 The importance of trust and openness**

The partners highlighted the importance of trust, respect and care within the group and saw these values as an integral part of the working of the group.

“There is a good level of trust between the two sectors. It is a very structured process, very respectful between HSE and DES personnel.” [H] LHOM-C

“There is an openness which has imbued the process with an air of trust and respect for prior knowledge and experience in the varying fields.” [E] DEC – L

“The atmosphere is respectful and friendly. There is an unspoken sense of trust between members and each member is treated as an equal.” [H] PHN –R

“The language has been inclusive.” [E] DEC-C

“I thought everyone felt comfortable with each other.” [H] HPO-D

“The partners respect the diversity and integrity of the organisations represented there.” [H] LHOM-C

Openness was highlighted as very important to the healthy development of the relationships between group members.

“I found that people were very open,...there was great transparency at the Steering Group meetings.” [E] SDP-P

“I think there was a transparency and openness that really helped.” [H] S-HPO

“There is a great openness at the meetings, a willingness, and a friendliness.”

[E] DEC-L

“I think people contributed openly, I don’t think people have held back at all.”

[H] PHN – R

There was an understanding that the work would not be possible or sustainable without fostering the partnership itself.

“There was something about recognising that working in partnership was exactly that – people bring their own strengths to the table and we need all of that for it to work.” [H] S-HPO

“We helped put in place an infrastructure that was democratic and allowed people to express views.” [H] LHOM-L1

“It is evident that all members are making an honest attempt to develop the initiative without individual interest coming too much into play.”[E] DEC-C

“A lot of respect is given to the partnership.” [H] LHOM-C

“I found that there was nearly the care of yourself as you sat down to the meeting – making the atmosphere calm and relaxed.” [E] SDP-P

“You have to nurture the individual need...[it has to] pay off for them as individuals to be involved with HPS, that was important.” [H] LHOM – L1

### 6. 5. 1.2 Responsibility and decision-making

A sense of ownership and responsibility for the Partnership was evident in the members’ comments.

“There is collective responsibility.” [E] DEC-C

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#### KEY TO RESPONDENT DESIGNATIONS

S-HPO	Senior Health Promotion Officer
LHOM-L1	Local Health Office Manager Limerick (1)
DEC-C	Director of Education Centre Clare
LHOM-C	Local Health Office Manager Clare
SDP-P	School Development Planning Primary
LHOM –L2	Local Health Office Manager Limerick (2)
HPO-D	Health Promotion Officer Dietitian
PHN –R	Public Health Nurse Directorate Representative
DEC-L	Director of Education Centre Limerick

“The group is fair in terms of feeling equal around making decisions.”[H]

LHOM –L2

One member of the Steering Group did point out some gaps between decision-making and implementation that were possibly affected by internal and external pressures.

“Most decisions are implemented effectively. But some actions are still outstanding, like for example the award (recognising HPS status of schools). This may be due to the fact of waiting for the national HPS process and the movement and reduction of Steering Group and Technical Working Group members over the years.” [H] HPO-D

It should be noted that at the time of this interview the Health Promoting School Award (the HPS Flag) had not yet been decided upon. Approval at National level was required and as a consequence the Midwest Network developed its own Flag during the interim.

Communications and decision-making at the Steering Group meetings was discussed with the members. The participants indicated that while overall decisions are arrived at by consensus there may be some pressures to maintain group goodwill that may influence outcomes.

“Decisions are reached by consensus. The subject or topic is fed around the table and everyone gives their opinion.” [H] PHN –R

“Consensus is arrived at. I didn’t ever sense that there was too much friction in that if people put forward different views, there was never any real polarisation of members.” [E] SDP-P

“All decisions are taken on board by the Steering Group and if issues arise we are informed and if change is required this is discussed.” [E] DEC-L

“Sometimes there may be a tendency to decide at an early stage that a particular suggestion isn’t possible without exploring more fully the possibilities.” [E] DEC-C

“Occasionally everyone stops talking and there is a feeling that we will leave it [the discussion] there, because it is all so nice. Maybe too nice?” [H] PHN –R

One partner did point out the interdependence of the group.

“Progress is very much dependent on everyone’s participation and support.”

[H] LHOM-C

### **6. 5. 2 Joining the group and induction to process**

The participants were asked about their experience of joining the Partnership and about whether or not they received sufficient orientation upon induction to the Steering Group / Technical Working Group. Various participants joined at different stages and sometimes this had a bearing on their perceptions of becoming part of the group.

“It was inevitable in the development of the HPS Network that I was part of the thinking process of that, both in our own health board area and also nationally as I was part of the national discussion around HPS at the time.”[H] S-HPO

“When I joined the Steering Group the Partnership had been formed and it was up and running.” [H] LHOM-C

“It was probably about a year, a year and a half into it, the time I joined. I didn’t feel like a newcomer.” [E] SDP-P

“I had worked in another area as the HPO school development person and when I became the senior here it was one of the areas I prioritised for us to develop.”[H] LHOM – L1

“There were initially the two structures, the Steering Group and the Technical Group and I knew where I would fit from the beginning.” [H] HPO-D

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#### **KEY TO RESPONDENT DESIGNATIONS**

S-HPO	Senior Health Promotion Officer
LHOM-L1	Local Health Office Manager Limerick (1)
DEC-C	Director of Education Centre Clare
LHOM-C	Local Health Office Manager Clare
SDP-P	School Development Planning Primary
LHOM –L2	Local Health Office Manager Limerick (2)
HPO-D	Health Promotion Officer Dietitian
PHN –R	Public Health Nurse Directorate Representative
DEC-L	Director of Education Centre Limerick



“I suppose I did come in the middle as such, in that it was up and running.”

[E] DEC-C

“It was a bit like I jumped on the train...[...] ... and I was late getting on the train and thinking I have loads to catch up with.” [H]PHN –R

Those who were members of the Steering Group from the beginning seem to indicate that they had a stronger sense of ownership perhaps even entitlement to be there than say relative newcomers who reflected their experience of joining in sometime midway through.

The participants reported that there is no formal induction process for members when they join the Partnership. Some partners felt that such a process was not really necessary and that absence of a formal process can possibly confer some benefits in terms of allowing new thinking to emerge within the group, while others indicated that there were repercussions for partners joining at different stages. There was a clear distinction between the different sectors in response to this query about induction.

“There wasn’t really any orientation....I just picked it up as I went along.” [E] DEC-C

“I didn’t really need any major mentoring. It was very much in line with the processes that were being promoted in school development planning so I felt that I was able to ease into it.” [E] SDP-P

“I am not sure that formal induction is good when you are talking about something that is developmental ... in my mind formal induction brings you very much into - this is how we think about things and this is how we do things here [E] DEC-L

“I am not for too much orientation in general, you have to take responsibility for it yourself.” [E] DEC-C

“I always thought about new people joining that they brought [a new] perspective. They were free to say what they wanted and there is a freshness about that.”[E] DEC-L

“Cosiness needs to be disrupted at times and when somebody new comes, they can ask questions that we haven’t asked ourselves, I would be for that.” [E]  
DEC-L

The comments above indicate that the Education partners feel there is little need for induction. Some partners from the Health sector felt very differently:

“I felt there wasn’t an opportunity for me to shape or mould the structures and process ... I didn’t feel I had permission to ask to sort of slow the process down, there was a sense that this was progressing, catch up. [LHOM-C]

This partner clearly indicated that because of joining the Steering Group much later this had implications in terms of feeling unable to influence established structures or being comfortable with disrupting established practices. Others indicated that they would have liked to have been more prepared for jointing the group.

“I thought it was a new group. I didn’t realise it was well established. I was sitting there and trying to get up to speed and pick up bits from the conversation and reading the documents.” [H] PHN –R

“When I joined I struggled for a time – it took me a couple of months to fully understand who everybody was.” [H] LHOM-C

“It was pretty well progressed when I joined the midwest Health Promotion team and I suppose it has stayed with me that I joined in the middle of it.” [H]  
LHOM-C

“I stayed quiet mostly [at the beginning] to pick up on what was going on. I would know the partners but wouldn’t have had an understanding of the finer points.” [H] HPO-D

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#### KEY TO RESPONDENT DESIGNATIONS

DEC-C	Director of Education Centre Clare
LHOM-C	Local Health Office Manager Clare
SDP-P	School Development Planning Primary
HPO-D	Health Promotion Officer Dietitian
PHN –R	Public Health Nurse Directorate Representative
DEC-L	Director of Education Centre Limerick

“Everyone seems to know what is going on [with the other partners]...I still find it a little bit of a minefield in terms of understanding specific roles in the various departments.” [H] LHOM –L2

Partners being new to post did seem to have a bearing on perspectives reported. Some of these same members of the Steering Group pointed out that there is a natural settling in period when joining any new initiative.

“It was mainly my own settling into my post and there was a lot of upheaval in Health Promotion at the time.” [H] LHOM-C

“It’s more to do with confidence and being comfortable, but I think I will get there because the group are very open, so it is just joining, when you join a new group.” [H] LHOM –L2

“When you are very familiar with something and it all makes sense and you understand all the nuances you are bound to be much more confident in engaging.” [H] LHOM – L1

While no induction policy exists for the partnership, the partners’ views suggest that although the formation of the groups has evolved and progressed adequately this could be an area for future development.

“I think I should have gotten more of a background, more detail on the strategy and aims. My manager should have informed me better.” [H] PHN – R

“A policy may be required in this area ... but the group seems to have evolved successfully [without one].” [E] DEC-C

### **6. 5. 3 Personal and professional gains**

Most participants spoke about the personal and professional inter-agency learning gained through involvement with the partnership.

“Inter-agency working is very good because I think that HSE personnel will get an understanding of operations and what we [in Education] are at and trying to do.” [E] DEC-L

“There was a huge learning from each other, both individually as well as professionally.”[H] S-HPO

“It was good to be involved in all levels in terms of you get a better understanding than just being on the ground doing the work with schools.” [H] HPO-D

“We certainly all have gained in our understanding, I have gained in my understanding of the workings of the HSE and I can see [better] where they are coming from.” [E] DEC-C

“I learned a lot about the structures in education because I never would have without it. I also learned loads about health promotion within the school.”[H] PHN –R

“There is potential for [personal] development and HPS is a supportive way of doing it, you are supported and you support at the same time.” [H] HPO-D

“You can get a very interesting insight from participating in the Steering Group. I thought it was good to meet the different partners, particularly the people from the HSE, people that we wouldn’t have met through our normal work.” [E] DEC-L

#### **6. 5. 4 Partnership composition**

The composition of the Steering Group and the Technical Working Group has changed over time and members were asked to comment on this and other changes that have occurred which may have impacted on the workings of the partnership.

“There were three or four staff closely affiliated with schools work and so there was a wealth of human resources and expertise that really sped things along (initially).”[H] LHOM-C

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#### **KEY TO RESPONDENT DESIGNATIONS**

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LHOM-C	Local Health Office Manager Clare
LHOM –L2	Local Health Office Manager Limerick (2)
HPO-D	Health Promotion Officer Dietitian
PHN –R	Public Health Nurse Directorate Representative
DEC-L	Director of Education Centre Limerick

“All the partners were strong in the initial part of it....we are now in the situation where we have a smaller group.” [E] DEC-L

“When the (larger) Technical Groups used to meet, you would meet up with other people, it is a lot easier to communicate and share in person.” [H] HPO-D

“It was positive when it started and there was a good buzz... It has never been completely negative but as people drifted off and the Technical Group dwindled, that was kind of tough.” [H] HPO-D

The group members while recognising that there is a natural ebb and flow to be expected in membership of a long-term partnership, highlighted how changes in the composition of the group may be detrimental for the continuation of the partnership, impede its development or alternatively allow different sectors to assume dominance at different stages.

“The Partnership has lost a lot of very skilled and experienced personnel, both education and health personnel, over the last five years.” [H] LHOM-C

“As people change posts and things happen differently, these are some of the obstacles.” [H] S-HPO

“Organisational change (both in the HSE and the DES) undermined the Steering Group for a period of time so it was quite challenging.” [H] LHOM – L1

Some changes were felt particularly acutely, in particular the loss of the original Chair of the Partnership.

“We certainly struggled when the original Chair left. It highlighted how critical a member is (to the Partnership).” [H] LHOM – L1

“When the first Chair of the Steering Group moved jobs, I remember feeling personally that that was a huge blow at the time.” [H] S-HPO

“Health Promotion had to invest a lot more in keeping the partnership together, there was an awful lot more responsibility.” [H] LHOM – L1

The Chair left his position to take up another post and his loss was keenly felt amongst Health partners particularly as he had been a strong advocate of HPS within the Education sector.

The loss of personnel due to the economic downturn was also mentioned.

“The downturn has seen things change .... We don’t have the Inspectorate or the school planners and so on now.”[E] DEC-L

“Now we have got a demoralised workforce, severe pressure on all the resources, some of the stakeholders that we had here are gone.” [H] LHOM – L1

While some of the partners were philosophical about the changes to the Steering Group, others highlighted repercussions.

“Well partnerships do tend to come and go and people move on.” [H] HPO-D

“I think the focus is more about continuity now.” [E] DEC-L

“It’s more educationally driven at the moment.” [H] PHN –R

“I think the Steering Group reflects the changes in the structures in schools because we [in Steering Group] are also [now] back to core.” [E] DEC-L

“The situation has evolved into longer gaps between meetings and that means that you find yourself in a situation where the immediate takes over, and then you find suddenly HPS can drift.” [E] DEC-C

### 6. 5. 5 Supports

Participants were asked to identify supports to the development of the HPS Partnership. Some of the partners involved from the beginning highlighted the time, work and commitment given to identifying a suitable model of HPS while also facilitating the development and

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#### KEY TO RESPONDENT DESIGNATIONS

S-HPO	Senior Health Promotion Officer
LHOM-L1	Local Health Office Manager Limerick (1)
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LHOM-C	Local Health Office Manager Clare
HPO-D	Health Promotion Officer Dietitian
PHN –R	Public Health Nurse Directorate Representative
DEC-L	Director of Education Centre Limerick

sustainability of the Steering and Technical Groups. Meeting regularly and sharing hosting responsibilities were also identified as factors that helped to build solidarity and maintain momentum.

“Being willing to do a lot of cold calling appointments, visiting and meeting with potential partners and doing the fundamental stuff with potential partners, building up trust and selling it.” [H] S-HPO

“There was a strong emphasis on ensuring that everybody knew exactly what they were buying into...we did invest a lot of time and met each of the agencies separately, trying to frame HPS in ways that made sense to them.” [H] LHOM – L1

“We worked with people individually and collectively with the Steering Group and the Technical Group.” [H] LHOM – L1

“Feeding back regularly [into the Steering Group and Technical Group] on progress helps sustain things.” [H] HPO-D

“All members endeavour to hear and understand each member’s perspective.” [H] LHOM – C

“The Steering Group was the right size of group, there was opportunity for real discussion because it was big enough and small enough as a group.”[E] SDP-P

“Spending time looking at different models, the amount of time we gave to that.” [H] S-HPO

“Using the different venues for meetings helps as well.” [E] DEC-L

The participants identified the influence of different partners and what they represented within the Partnership and their impact on its development.

“I was very impressed by the overall membership of the partnership itself.” [E] SDP-P

“We were lucky with the first Chair particularly as Director of an Education Centre. He embraced what Health Promotion was trying to do and gave us an ‘in’ with the other stakeholders in the education sector.” [H] LHOM – L1

“Both Education Centres were very supportive and gave us a whole audience and publicity.” [H] S-HPO

“The initial Steering Group was very dynamic.” [E] DEC-L

“We had a Senior Inspector coming [to the Steering Group meetings] – this helped build credibility for the project.” [H] LHOM – L1

“Our manager brought it to us as a team so we were fully committed to it.” [H] HPO-D

The passion that people brought to the Partnership was mentioned by many of the participants as significant in terms of their commitment to the project.

“The personalities [on the Steering Group] are a big thing. They have a belief and when they come to a meeting they bring that belief with them, and people soak that up.” [H] LHOM –L2

“I think you and the Health Promotion Manager provided a good bit of drive, and as it developed the Chair, and the Inspector also – he brought a lot and that woman from SDP, she was also very good.” [H] S-HPO

“The Health Promotion Manager brought an enthusiasm to it, explained it well.” [E] DEC-L

“You have been crucial and your passion for it.” [H] HPO-D

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HPO-D	Health Promotion Officer Dietitian
DEC-L	Director of Education Centre Limerick



“The Health Promotion Manager was very passionate about it, the Director of the Education Centre was so fully committed to it, and you have a complete passion about it, the way you talk about it – this does make a difference.” [H] LHOM –L2

Another element of support identified by the partners was the degree of positivity surrounding the Partnership and the concept it was promoting.

“Part of the ethos of HPS is that it isn’t a deficit model. It wasn’t telling people that they were all wrong or doing it incorrectly.” [E] DEC-L

“Everybody was pro it. There weren’t any detractors.” [H] S-HPO

At the same time it was important that the meetings of the Steering Group, a key structure in the Partnership, would work efficiently and effectively.

“Meetings were structured around the items on the agenda which is circulated in advance, together with the previous meeting’s minutes.” [H] LHOM-C

“The items on the agenda and the proceedings of the meeting reflect the main aim and objectives of HPS.” [H] LHOM-C

“The Chair has a clear perspective on what he has to achieve on the day and in a timeframe and keeps on target.” [H] PHN –R

“I don’t like long meetings and this group has been good that way. The meetings have been short-ish and focused.” [E] DEC-C

Partners mentioned the importance of timing for the introduction of the concept with schools and the relevance of HPS in the Irish context.

“The timing was good. We were developing the partnership at a time of expansion in the education system and promotion of partnership working in general.”[H] LHOM – L1

“It was relevant for all kinds of reasons... it was very definitely relevant to the work under DEIS action planning - it fit directly with that.”[E] SDP-P]

Delivering Equality of opportunity In Schools (DEIS) is an Action Plan for Educational Inclusion which began in May 2005 and remains the DES policy instrument to address educational disadvantage).

“We were very much supporting schools around the mechanisms that were going to help them.” [H] LHOM – L1

“It was relevant to the curriculum and also to people’s needs in general.” [E] SDP-P

“There was a strong emphasis on getting schools to better understand the whole school planning and self-evaluation processes at a time when schools were keen to get support around that.” [H] LHOM – L1

“It is even more relevant now in light of the fact that all schools are required to conduct self-evaluation.” [E] SDP-P

Participants also highlighted the relevance of HPS to parents’ needs.

“Health promotion is something that parents would buy into.” [E] SDP-P

“The ground is fertile [for HPS], there is a lot of worry now amongst parents about inactivity for example.” [E] DEC-C

One of the implications of this was the potential of HPS to help engage parents in other aspects of school life.

“An awful lot of initiatives were being rolled out in the schools but HPS was something less threatening and more inviting.....[ ].....maybe it made the aspirations relating to other areas where we might want parents involved in say, academic development, HPS was a lovely way for parents to get involved (with schools) first.” [E] SDP-P

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“HPS was a very concrete, tangible way of getting parents in as partners, having a contribution to make.” [E] SDP-P

The resources that were developed and utilised by the Steering Group and the Technical Group were identified as important supports to developing and sustaining the implementation of the HPS process at school level.

“Appropriate materials were developed.” [E] DEC-L

“Seeing that first batch of HPS flyers going out to schools with that logo on it and thinking WOW, this is amazing.” [H] S-HPO

“There is a lot of information available; the website, the briefing sheets, all of that is there about what the network is.”[E] DEC-L

“All the supports the schools get with the literature.” [H] PHN –R

The supporting documentation was viewed as very important by the Steering Group members in that it translated the abstract (theory and vision of HPS) into something quite tangible and straightforward and this was backed up with additional supports provided through the Partnership.

“I thought the leaflet [the HPS flyer] was good in explaining what the key action areas could be, the different strands and so forth, how it was more than just the curriculum.” [H] HPO-D

“There was a lot of nitty-gritty stuff around the resources, the bits that people could hold onto around HPS that helped to turn it from a theory, a vision, into something practical that could benefit people and that could address issues in schools.” [H] S-HPO

“You were available as a support person. If some support like that wasn’t there I really don’t think much would have happened.” [E] DEC-C

“The use of the Summer Schools that was very good.” [E] SDP-P

HPS Summer Schools for teachers were provided from 2007. These were formal one-week courses approved by the DES. **Appendix XIII** provides an overview of a sample HPS Summer School.

Good communication and marketing of the HPS concept was identified as very important with the official Launch of the project mentioned specifically in this regard.

“The message was very well put together for schools about joining the network.” [E] DEC-L

“We sold a vision that was hard to argue against- this is good for schools, good for education.” [H] LHOM – L1

“The formal launch of the Network and us all coming together on that and even the appearance of the Minister, those kinds of things helped.” [H] S-HPO

“There was good marketing done. The launch was just super and that momentum carried into the schools.” [E] DEC-L

“The launch gave a strong message that we were all behind it.” [E] DEC-L

Participants indicated that HPS was firmly rooted on an evidence-based, practical process and this was part of its appeal to schools. The Steering Group members emphasised that its core function was to meet the schools’ needs while developing individual school communities’ capacity to conduct self assessment and evaluation.

“Dialogue [within the Steering Group] is infused with the reality of what school communities are dealing with.” [E] DEC-L

“Schools can demonstrate that they have complied with the steps in the HPS process.” [H] LHOM –L2

“On-going evaluation to show progress being made is important.” [H] LHOM – L1

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“I think that schools like to promote the fact that they are doing good things and to be a member of the HPS Network was important for that.” [E] DEC-L

“HPS was a very effective evidenced-based way of working.”[H] LHOM – L1

“HPS had very definite ways through self assessment, questionnaires and so on...it was promoting evaluation so it meant it was very focussed.” [E] SDP-P

“HPS schools conduct a very comprehensive audit of health promotion status and it was evidence-based evaluation, which was very much in line with what SDP were trying to introduce at the time.” [E] SDP-P

The fact that involvement in the HPS Partnership was going to be manageable and not too onerous for participants and for the schools was highlighted as a support.

“It was going to be manageable so you could resource it properly. Far too often things start out with too broad a scope and you are not able to sustain them.” [E] DEC-L

“It was manageable in that it was fitting in with a framework that was being used by the schools. It was linking in with schools with areas of SPHE, PE and so on, it was fitting with the curriculum.” [E] SDP-P

“With a framework [like HPS} you can map it out, you know you can do this now and you know you can do that next.” [H] HPO-D

“The workload hasn’t been too excessive.” [H] PHN –R]

In contrast to this while some members felt that the workload was demanding they noted this as a positive.

“A lot of hard work went in to the Network and the Partnership. I enjoyed the interactions...and I enjoyed the challenge.” [H] S-HPO

“There was quite a bit of work there [in organising the Launch and the Summer Schools] and it was good, I enjoyed it.” [H] HPO-D

“It was nice to challenge my brain.” [H] PHN –R

The structures throughout the Partnership were highlighted as important. The structures here refer to the Steering Group, the Technical Working Group, and the Network of schools.

“In the beginning it was all about getting the structures up.” [H] HPO-D

“Although schools are well-intentioned they do need a structure.” [E] DEC-C

“It is important that schools are part of a network, part of a bigger infrastructure. This is particularly true for more isolated and smaller schools, there is value added in that they can be seen to be part of a bigger collective within their broader geographical areas.” [H] LHOM – L1

“HPS offered a structure to work together and not in silos...the structures are very clear.” [H] HPO-D

## **6. 5.6 Roles and purpose**

It was evident in the responses that there was clarity with regard to individual partner’s roles.

“We were clear about what we were asking Steering Group members to do, what the role of the Steering Group was and what their role would be was quite clear.” [H] LHOM – L1

“We are all there for health promotion.” [H] PHN –R

“The Education Centre would see its role as encouraging and supporting initiatives such as HPS.” [E] DEC-C

“There was a lot of care taken that everybody was valued and appreciated and had a role there.” [H] LHOM-C

“My role was very much to encourage schools to participate and to show them that the Education Centre was backing it.” [E][DEC-L

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“One of my roles was to negotiate with staff on the ground, [and how] could we resource HPS.” [H] LHOM – L1

“Although we were all coming from different backgrounds we were all in common agreement around the importance of HPS.” [E] SDP-P

“It is up to the other Health Office Manager and me to try and raise awareness and raise the profile of HPS within the HSE.” [H] LHOM –L2

“My role was to bring the question of health and the impact of health on education and vice versa onto the agenda.” [H] S-HPO

“It was envisaged we (the Local Health Office Managers) could bring resources to the table and speak for the HSE.” [H] LHOM – L1

However, the issue of roles was not unproblematic. Some participants highlighted problematic areas with regard to roles particularly in the context of partnership working.

“I think sometimes that when people are going to inter-agency meetings they are coming together because it is deemed to be a good idea for there to be inter-agency working but the actual role that the person has is sometimes vague and they don’t actually see a purpose for themselves.” [H] LHOM – L1

This comment seems to be confirmed by the following partner’s contribution.

“I think my line manager put me in there as a token mainly, to be seen to participate and having a member in there.” [H] PHN –R

Some partners highlighted how particular people in the Partnership were left to carry out their assigned roles.

“The Technical Working Group (responsible for the implementation of HPS with schools on the ground] was all health promotion staff.” [H] HPO-D

“The areas of responsibility [for the HPS work with schools] are delegated primarily to the Technical Working Group and the HPO for Primary Schools.” [E] DEC-L

“I was more happy to let Technical Working Group members go into schools as the lead.” [H] LHOM-C

“Roles are shared although maybe the issue of chair / recording secretary has not been revisited for some time.” [E] DEC-L

“I feel in hindsight that with the S-HPO gone and the other Health Office Manager’s less intensive involvement that I probably did take on the lead agency (role) rather than just being the Limerick manager sort of thing.”[LHOM – L1]

Although there was a strong sense of group ownership and collective responsibility around the actions emerging from Steering Group decisions sometimes tasks were left to particular members to follow through on.

“Sometimes the group has a tendency to sit back and be delighted if others take on roles. The group may be too willing to do this and may be too slow to take on individual responsibility or actions or tasks.” [E] DEC-C

An area of strength in relation to roles revolved around the complimentary fit between the individual’s remit and the partnership objectives.

“The HPS Partnership objectives are consistent with HSE objectives and in line with the work we aim to do and how we do it.” [H] HPO-D

“I see it as part of the wider remit of the Education Centre, to be properly supportive of things like the HPS, they are really core initiatives.” [E] DEC-C

“The HPS Partnership objectives are consistent with the Health Promotion Strategic Framework which guides work practices in Limerick Health Promotion and the HSE.” [H] LHOM –L2

“The HPS Partnership’s objectives are consistent with HSE policy.” [H] LHOM-C

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This was also reflected in the participants' comments regarding any tensions between individual interests and the group's aims and objectives.

"Common interests are a priority over individual interests." [H]HPO-D

"Membership [of the Steering Group] is more about sectoral involvement as opposed to individual members." [E] DEC-L

"The common interests of the group prevails." [H] LHOM –L2

"I always feel that everyone is working as a team and I think the word 'we' is used pretty frequently." [H] HPO-D]

### **6. 5. 7 Barriers**

One member of the Partnership highlighted that introducing any new initiative will present challenges no matter how much planning has taken place.

"You can't control it. You can do so much to shape a partnership using good practice and it goes a long way, the way you work will foster trust and respect and positive working relationships and so good knowledge of how partnerships work and how you invest and support those is important but you can't buy it, in the end the personalities who end up around the partnership table are often there by chance." [H] LHOM – L1

Difficulties were partly related to the nature of the initiative being introduced and the fact that it was being developed in partnership.

"There was something quite tenuous about it at the beginning." [H] S-HPO

"Any initiative that is promoting partnerships can be slower to materialise and it takes a lot of effort to make it successful." [E] SDP-P

"You can't prescribe it all in advance, the development is organic." [H] LHOM – L1

The demands of the workload, particularly at the early stages of the project were viewed as an obstacle to be overcome.

“Think of the actual hard sell of the HPS, doing training days here, there and everywhere. I remember our energy being sapped and it not going as well as we thought it would.” [H] S-HPO

“I was camped outside the principal’s door and getting nowhere.” [H] HPO-D

The lacuna created by the absence of an agreed national model of HPS was considered significant as was the issue of whether or not what was happening in the Midwest would fit with whatever was eventually agreed nationally.

“There has been a lot of upheaval and even a lot of contention over the years over what a HPS would look like nationally.” [H] LHOM-C

“If the new [national] HPS model is going to be launched how does our process fit into that, how will our process adapt if it needs to.” [H] HPO-D

Other external challenges (over some of which the participants had no control) also exerted pressure on the Partnership. Partners particularly mentioned competing demands for attention in their individual workplaces.

“Morale is low across the whole public sector. [ ] – like we all get a bashing [in the media, but] the HSE, like it is seen as wasteful.” [E] DEC-C

“The embargo on recruitment has meant that when people have left they are not replaced.” [H] HPO-D

“The challenge is to try and keep something at the top of the agenda and the tensions are there for other things to take its place.” [E] DEC-L

“What happens is I get so much information and many other things come in the door.” [H] LHOM –L2

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“We suffered from a lack of health promotion personnel on the ground to deliver as much as I would have liked in terms of support to the schools.” [H] LHOM – L1

“While it is something that needs to be more on the top of our agenda, other things do take over, that is the reality.” [H] LHOM –L2

“I definitely would have struggled with the volume of work and that was only still a small part of the overall work that I was responsible for in Health Promotion.” [H] S-HPO

The losses in terms of changes of personnel and non-replacement of some members who left due to retirement, re-deployment and so forth were mentioned repeatedly.

“Organisational change undermined it for a period of time so it was quite challenging.” [H] LHOM – L1

“As some members have left they have not been replaced and this has affected the progress of HPS in the Midwest.”[H] LHOM-C

“As people change posts and things happen differently these were some of the obstacles.” [H] S-HPO

The reduction in partners has meant that the structures of the Partnership, that is the Steering Group and the Technical Working Group, have changed.

“I think the structure of the Technical Working Group is missing now. When there is very few people in each area it is harder. Can you justify having a Technical Working Group meeting for just three people?”[H] HPO-D

“We have seen the Steering Group and the Technical Working Group particularly, dwindle and that happened fairly quickly. That significantly undermined the potential for what is a very good structure to actually expand into something much more significant on the ground.” [H] LHOM – L1

“The HPS has lost a lot of very skilled and experienced personnel, both education and health personnel, over the last five years.” [H] LHOM-C

One member of the Steering Group emphasised the implications for effective partnership working.

“We had to invest a lot more in keeping the partnership together and there was an awful lot more responsibility [on Health Promotion]. Those that were left had to pick up some of the pieces of work of those others who had gone so they were lost to the HPS also. There was a sense that we were almost artificially driving the Steering Group [for a while] rather than a genuine partnership approach.” [H] LHOM – L1]

Because of travel restrictions the Partnership implemented a number of strategies to try and ensure all members could fully participate in meetings. Strategies such as locating the meetings in different venues near to where participants work and also on a few occasions some group members participated via teleconferencing. This, however, proved not ideal.

“Because of the travel restrictions we can only go places if it is client related. We can’t even go to our own staff meetings (in person).” [H] PHN –R

“The current embargoes and cutbacks can make it more difficult for members to make decisions if there are restrictions on them.”[H] HPO-D

“Teleconferencing is not the optimal way to hold meetings. It is hampering the work. You don’t get all the communication, you miss the whole feeling of the meeting.” [H] PHN –R

The struggles of managing a partnership manifested in simple everyday things in terms of for example, trying to arrange meeting times that suited all individual diaries or more seriously related to maintaining capacity for those engaging with schools.

“Scheduling is a huge problem.” [E] DEC-L

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“If you are not doing something [related to HPS] all the time you can get a bit rusty, it becomes fragmented.” [H] HPO-D

“You (can) find yourself in a situation where the immediate takes over and then you find that suddenly HPS can drift.” [E] DEC-L

The participants were very aware that the HPS process posed challenges at the school level for a variety of reasons.

“HPS is challenging for schools because the focus in the formal system is very much on whatever is current in the system at the time and systemically at the moment it is on literacy and numeracy.” [E] DEC-L

“The financial circumstances we are operating in, means new priorities for schools, in terms of just managing their day-to-day existence.” [H] LHOM – L1

“There are huge demands on teachers to work in ways that they haven’t worked before. They are all now expected to generate reports which is a new culture.” [E] DEC-L

“There have been changes around releasing staff to attend training and other support we might have wanted to offer.” [H] LHOM – L1

“From the schools’ point of view if they are understaffed or under pressure they are not going to engage with you.” [H] HPO-D

“There is always a tension ...with the added difficulty in recent years because of the downturn in the economy and Croke Park and all these changes.” [E] DEC-L]

**Note:** In 2011 a Public Service Agreement between the government and trade unions provided that teachers work an additional 36 hours per school year at primary level. These came to be known as Croke Park hours because of the location where the agreement was reached.

In addition to getting schools to buy-in to the process there is a recognition that schools need to have the necessary skill set in order to implement the process and also the fact that the

process requires quite an extended period to become embedded in school structures and processes was identified as a challenge.

“Whilst you explain and you enthuse and you get a willingness, you also need [the schools] to have a skill set and project management skills to implement it.” [E] DEC-L

“One needs to give it time and to allow for the fact that there is going to be lot of work and a lot of allowing for staffs and for parents to get on board so it needs to be taken slowly.” [E] SDP-P

### 6. 5. 8 Evidence of success

The participants were asked about what they considered evidence of the success of the Partnership. Some indicators referred to personal success and more to the effective partnership working especially the equity amongst the partners.

“The commitment of the stakeholders, particularly initially, was excellent.” [H] LHOM – L1

“I felt that it was very clear just from the participation, that there was active participation, people were contributing.” [H] LHOM – L1

“I have learnt a lot around the DES and the Education Centres and insights into the complexities to do with HPS.” [H] LHOM-C

“There is greater co-operation and understanding of each others’ roles, responsibilities and limitations.” [E] DEC-L

“Each member of the Steering Group is treated as an equal.” [H] PHN –R

“All contributions are given the same weight and each member is seen as a worthwhile contributor.” [H] PHN –R

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“Commitments made and agreed actions at Steering Group are clearly recorded in minutes and progress was checked at subsequent meeting. This allowed success to be celebrated and obstacles to progress resolved.” [H] LHOM – L1

The members of the Partnership highlighted the achievements with schools as the key indicator of success.

“Schools have participated and are committed to the health promotion message.” [E] DEC-L

“Real results are evident and visible and I see it first hand when I visit the schools I work with in the HPS Network.” [H] HPO-D

“We know from the feedback from the cluster meetings held that the whole school Network gained from the HPS process, schools reported positive parental feedback and involvement, positive experience reported from the children and so on.” [H] LHOM –L2

“The HPS clusters are functioning very well, from both a process and output perspective.” [H] LHOM-C

“There is evidence of the schools becoming empowered by the process, wanting to continue with key Action Areas and taking on more responsibility.”[H] HPO-D

“The schools involved have made substantial progress in the tasks undertaken and this is visible on school websites and on visiting schools.” [E] DEC-C

The continued involvement and commitment of the schools in a voluntary project was also cited as evidence of success.

“This is something they (the schools) didn’t have to commit to, so it is coming from a place where the school is assessing it themselves. That this is an area they want to commit their energy to, is a very high recommendation for it.” [E] SDP-P

“All the programmes that have been set up and that are still running in the schools, the positive feedback received from the schools and the continued commitment.” [H] PHN –R

The fact that the Partnership continued to exist was also seen as a clear marker of success for many members.

“The fact that it is still there is the best thing. It is evidence that something is right about it.” [H] LHOM – L1

“The continued existence of the Steering Group demonstrates how successful the HPS Partnership has been.” [H] PHN –R

“People are staying with it because they want it to work. There is commitment to it.” [H] LHOM-C

“When a person leaves their role, that agency is asked to continue supporting the partnership through the nomination of a [new/replacement] representative.” [E] DEC-L

## **6. 6 Discussion of case against the literature**

This case presents evidence gathered over an extended period of time (2005-2013) and this fits with the literature that recommends HPS should be considered over the longer term (Lister-Sharp et al., 1999; Denman et al., 2002). The baseline survey (Mid Western Health Board, 2004) conducted before the establishment of the Network, was used to identify five potential cluster sites initially, with the Steering Group deciding on three starter clusters dispersed throughout the Midwest region (Steering Group Meeting Minutes 26/09/2005 and 27/11/2006 see **Appendix XI**). A cluster of schools normally consisted of at least four schools (one post primary and three feeder primary schools) though these three initial cluster locations soon expanded to incorporate more feeder primary schools (Steering Group

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Meeting Minutes first discussed 03/03/2008, subsequently at 05/12/2008 and 23/02/2009 and later at 23/06/2012 and 22/01/2013). Somewhat surprisingly, although the Steering Group members used the local evidence collected as the basis for their decision on the location of the schools and agreement on the process of HPS to be adopted, none of the partners mentioned international developments or research in any of the interviews. The evidence base internationally had been presented and discussed at many of the meetings to help inform the process.

It is clear that the members of the Steering Group are cognisant of the Irish political and economic climate and that these factors did impede developments (see Sections 6.5.5 and 6.5.8 for commentary in this regard where the non replacement of members of the Steering Group, lack of accreditation for HPS activity, inaction at national level, travel restrictions, moratorium on recruitment within the public sector, increased focus on core curriculum and so forth, are referred to). Statham (2011) highlighted that a key contextual barrier to effective inter-agency working are changes in the political climate and policy direction at a national level. It is clear from the comments of Steering Group members that they were finely attuned to this reality, particularly in relation to the context in which schools had to operate (PISA scores, Croke Park hours, focus on Literacy and Numeracy, financial limitations on schools due to recession and so forth).

In terms of McNerney's (2005) summary of the various types of partnership formats, the HPS Partnership in the Midwest was **a)** voluntary, in that participation within the Network was not mandated by any government department or agency, **b)** considered horizontal by Steering Group and Technical Working Group members alike (see Sections 6.5.1 and 6.5.9 which reported that everyone is viewed as an equal partner and all contributions are valued), **c)** geographically dispersed (Network schools spread across the region, partners on the Steering Group from different parts of the region, meetings held in various locations around the Midwest etc.) and **d)** cross-sectoral (see Figures 6.1 and 6.3 which demonstrate that many agencies from Health and Education sectors have been represented in the Partnership). Members from a range of agencies have been involved from the beginning and the fact that the Partnership has always been multi-sectoral reflects its commitment to health promotion principles as outlined in the Ottawa Charter (WHO, 1986), (see early comments from partners in Section 6.5.2 and Sections 6.5.6 and Section 6.5.9).

Significantly, however, though all members seemed to be valued, some members of the Partnership were singled out as influential and charismatic in terms of commitment, passion and influence within the Partnership (see parts of Section 6.5.5 and Section 6.5.6 where specific partners are highlighted and others are identified as prominent and committed champions for the project). This may, however, also relate to the length of experience on the group as the identified individuals were also the most long-serving on the Steering Group (compare partners singled out above with length of time served in the Partnership as outlined in Figure 6.4).

In thinking about the Partnership from the perspective of the continuum for partnership working (Tusla, 2015) the services involved could definitely be considered as falling under the collaborating part of the continuum. All the members were communicating effectively and the Steering Group developed plans of actions which were followed up at subsequent meetings. The hosting of meetings and HPS events at different sites did constitute some pooling of resources as did the recognition that different partners contributed in different ways to the development of the Network meetings (Meeting Minutes throughout the project, and specifically referred to in some of the partners' comments).

Some challenges to inter-agency working were encountered although the members of the Partnership did not raise many of these in the interviews. For example, while decision-making was based on consensus throughout the operation of the project there were differing levels of decision-making authority within the group for example, some members of the Partnership had access and more decision-making power in relation to the use of resources – personnel, funding etc. It is a mark of the egalitarian nature of the Steering Group that this did not appear to have affected the relationships that developed at least not enough for this to have been explicitly mentioned in the interviews (see comments at Section 6.5.2 and beginning of Section 6.5.3). What was highlighted by the partners were shortcomings which arose out of over-familiarity, where some group members felt comfortable leaving the direct work with schools be the responsibility of other partners; one partner highlights how the culture of friendliness may have left some aspects of the Partnership go unquestioned ('because it's all so nice') and others refer to scheduling and comments relating to priorities which highlight that partners were subject to competing demands).

The Partnership was also hampered by external pressures (for example, there is a reference to the delay in implementing the Steering Group decision to give an award to schools achieving

HPS status, that is, the HPS Flag, which was put on hold awaiting national direction which was outside the control of the Steering Group; other comments highlight how stakeholders from disparate agencies are subject to the forces of competing demands).

Another of the contextual barriers to effective inter-agency working highlighted by Statham (2011) is the cost associated with networking in rural areas. It was clear that this did emerge in the context of the Partnership when travel restrictions were imposed on some partners. Service boundaries for some agencies did not overlap with the complete geographic area covered by the Partnership. This meant the Partnership had to devise strategies to counteract limitations and ensure optimal participation within the Steering Group.

The Partnership did not seem to be affected by some of the challenges which are commonly seen with collaborative social movements as described by Welbourn et al. (2012) in their review of those seeking to provide school leadership beyond their own immediate organisational boundaries, that is disparate values, a loose set of allegiances or an absence of authority to act in concert. In fact the Partnership members indicated that they had a shared set of values centred on a common goal and that the level of trust and openness may have helped to build and sustain relationships over the longer term (see page 109).

Sullivan and Williams (2007) emphasised the need for clarity of understanding of the nature of the collaboration for effective inter-agency working and this seems to have been evident in the Partnership. The Partnership provided opportunities for regular collection of feedback and in particular an interim review completed by Technical Working Group (02/10/2007) and the work done on the LEAP framework at the beginning helped everyone understand and contribute to the development of the overall mission and values. Although the partner organisations had different individual obligations it is clear from the data that the Partnership's objectives seemed to be the core business and goal for the stakeholders while attending Partnership meeting (central comments refer to the fit between the individual's remit and the Partnership's objectives with common interests to the fore).

The partners refer to the accrual of many benefits not least of which was knowledge of each others' roles gained through interagency working (members of the Partnership from different sectors highlight increased levels of awareness and understanding of colleagues working in different arenas). Bryk and Schneider (2003) refer to distinct role relationships and the need to have clarity regarding the obligations and expectations of others in collaborative working arrangements. It is evident that there was no ambiguity amongst members of the Partnership

regarding expectations for the different roles (a range of distinct roles were identified by the partners ranging from: providing resources – funding, personnel etc; raising the profile of HPS and promoting the initiative to encourage schools to participate; bringing the question of the impact of health on education and vice versa onto the agenda and managing the Partnership itself). In addition, members of the Partnership were designated specific duties such as acting as Chair, organising meeting dates and venues and minute taking for example.

While the close level of engagement required by the Partnership was a relatively new experience for many of the participants there did not appear to be resistance to change in the Steering Group and it could be that the ways of working adopted helped to prevent this. In Table 3.2 a range of strategies for overcoming any resistance to change were presented. The ways of working within the Partnership strongly mirror the first three of the strategies outlined in Table 3.2. That is, there was good education and communication about the project (everyone had the information needed to help design the change – introduce HPS with schools – achieved through the utilisation of the LEAP process), everyone involved was actively engaged and supported by regular feedback opportunities at the Steering Group and Technical Working Group meetings and so forth.

However, when thinking of Stacey's (1999) Agreement versus Certainty matrix it could be said that sometimes the Steering Group fell within the complicated rather than the complex / edge of chaos zone when facing internal challenges. For example, partners refer to the loss and non-replacement of personnel within the Steering Group as very significant and demonstrate that when the original Chair left the Partnership this had quite a distressing effect on some of the other members. In one sense this resonates with Morrison's (2002) claim 'that change may be unsettling'. It is somewhat surprising that this one change at this stage was felt so keenly by Steering Group members as the Partnership was well established by this time.

In terms of looking at the Partnership as a system from an Implementation Science (NIRN, 2016) perspective, the initiative went through a number of stages. At the Exploration Stage the Partnership members were gathering data themselves about the context for the establishment of the HPS Network and doing the necessary preparations for the programme to be introduced (identification of school cluster sites, development of materials – literature, websites etc. – partners reported the compelling message that was developed and the many support resources made available to schools; personnel, leaflets, briefing documents, Summer

Schools etc). The Partnership also completed the Installation phase of the project – identified the necessary resources, did the preparatory work with school communities, and completed the official Launch of the HPS Network (18/10/2006). The upheaval caused by the change in Chair occurred at what Implementation Science would call the Initial Installation phase of the initiative (NIRN, 2016).- this was when the Steering Group were preparing schools for the adoption of HPS, supporting schools in the implementation and making any necessary adjustments. Given this context, it is understandable that the Steering Group would have favoured a period of stable governance and stewardship of the process.

The notion of purpose is central to systems theory (Churchman, 1979) and it is clear from the comments made by the stakeholders involved in the Partnership that the purpose of the Steering Group and Technical Working Group was to develop and sustain the Network of HPS (the comment that ‘we were all there for health promotion’ indicates the underlying motivation of the participants). In addition the stakeholders identified the achievements with schools as one of their key indicators of success. Partners also refer to the relevance of HPS to parents and the good timing of the introduction of the Network to aid the Department of Education’s aim to get schools to self assess – HPS helping to build capacity in this area.

The Partnership exhibited many of the classic features of systems identified by Ulrich (1983) that is, the Steering Group acted as a level of control for the development of the Network. Furthermore, there was a degree of expertise within the group (see Figure 6.1 which details the composition of the Steering Group / Technical Working Group) and members of the Partnership were highly motivated (many of the partners mentioned that they held high regard for the stakeholders represented on the Partnership). In terms of seeing the Partnership as a system, this case also illustrated that the Partnership fits well within the ecological sphere of the Ackoff Collaboratory’s (2011) hierarchy of systems in that the Partnership as a whole and the individual parts of it displayed the ability to exercise choice.

However, the achievements of the HPS Network would not have been realised by one agency or sector working on its own. Collarbone and West-Burnham (2012-2014) alluded to the fact that systems have a goal that is best achieved when the components of the system function together as a whole. The positivity at the heart of the Partnership, which was highlighted by the Steering Group stakeholders, demonstrate that in this case, the whole was most definitely more than the sum of its parts.

Another principle which underpins systems theory is that change in one part of the system is likely to lead to change in other parts of the system and we see in this case that the work at Steering Group and Technical Working Group levels translated into action with schools directly. In this regard, the Steering Group provided good systems leadership, which according to Collarbone and West-Burnham (2012-2014) is based on interdependency, new relationships and ways of working. The participants in this study highlighted the insights and knowledge they gained from working together as a key benefit from their involvement in the Partnership. The Partnership displayed the features of collaboration described by Welbourn et al. (2012) in that a compelling shared vision was needed for the HPS Network to work effectively, specifically when the desired end result lay outside the distinct boundaries of an individual partner's organisation.

In terms of providing leadership, the Partnership conformed to Collins' (2001) view that leadership is about the interaction among people involved in a process. In this context, leadership from the Steering Group was not the result of a single individual but rather should be considered as a collaborative endeavour among the group members. Spillane (2005) has suggested that what is of interest is 'not that leadership is distributed but how it is distributed' and in the Steering Group it would appear that the democratic nature of the meetings and decision-making processes where each member's contributions were valued was an important enabling factor. Section 6.5.2 sheds light on the Steering Group's perceptions of the culture of openness and transparency and collective responsibility and details the communication and decision-making processes adopted by the group. Also the comments of the partners indicate how all contributions were given the same weight and the operation of the Partnership led to greater understanding and co-operation.

Initially the Steering Group was instrumental in what Ackerman (1997) categorises as 'developmental change'. Ackerman describes two types of developmental change – planned and emergent. The Steering Group demonstrated planned change in that the change was deliberate and focussed on improving skills and processes, for example, building schools capacity to self assess and fit with the Department of Education's agenda for increasing parental engagement. However, at a later stage the Steering Group exhibited emergent change, for example, when the Steering Group was planning the expansion of the Network, schools that were located near the existing Network schools had expressed keen interest in joining the Network (probably as a result of hearing about the developments from their neighbours) and so the Steering Group took the decision to expand the existing clusters first

rather than branching into new territory (discussed first in Steering Group Meeting Minutes 18/01/2007 and later at 03/03/2008, 23/02/2009 and 22/01/2013). This could be interpreted as matching with the idea of fitness landscapes developed by Sewall Wright (1930s) in that the environment provided by the existing clusters created a shift such that additional schools could reach the local peak of fitness. This emergent quality to the Steering Group's handling of change is a preliminary indication of some of the features of complexity which will be discussed in more detail later in this thesis.

## **6. 7 Summary of key points from Case One**

This section highlights the supports and barriers to the development of the HPS Network as identified by members of the Steering Group and the Technical Working Group.

The supports identified in Case One were:

**The multi-sectoral nature of the Partnership.** Steering Group members and Technical Working Group members emphasised the inter-disciplinary composition of the groups which enhanced inter-agency learning and co-operation.

**The ethos of Partnership.** The ethos was underpinned by a spirit of openness and transparency which reflected the respect and trust stakeholders shared. The democratic culture where all members felt that their contribution was valued emerged as an important benefit for collaborative working which was also bolstered by a strong degree of positivity associated with the project as a whole.

**Having a shared goal.** The members of the Partnership reported a strong fit between the individual remits of stakeholder organisations and agencies with the overall Partnership objectives. The provision of a compelling vision of where the Partnership wanted to get to was identified as contributing to the strong commitment to the goal.

**Having HPS Champions within the group.** Although all the stakeholders had a common aim it is clear many members of the Steering Group and Technical Working Group were further motivated by the enthusiasm and passion dynamic partners brought to the Partnership.

**The Partnership infrastructure.** The different layers and structures within the Partnership (Steering Group, Technical Working Group, the Network of HPS schools etc.) supported the development of the initiative and contributed to its sustainability. Each entity had clear Terms of Reference with effective systems developed around the allocation of roles and work

specifically related to building and maintaining the Partnership completed on an on-going basis.

**Shared responsibility.** Consensual decision-making provided a dependable level of accountability and governance for the Partnership. The commitment and willingness of stakeholders to assume roles and complete tasks and duties within the Partnership supported the growth and development of the HPS Network.

**Timing.** The members of the Steering Group and the Technical Working Group highlighted that the message and activities associated with HPS had a particular relevance at the time of the establishment of the Network which resonated with parents. The evaluation aspect of the HPS process also fit with the Department of Education's agenda to develop schools' capacity to self assess and this was highlighted by partners as a significant factor for education stakeholder buy-in, that is to see the idea of HPS as worthwhile.

Figure 6.7 summarises the supports identified with similar ideas clustered around a core finding.



**Figure 6.7: The supports identified in Case One**



The barriers identified in Case One were:

**Political and economic upheaval.** Economic recession, moratorium on recruitment, travel restrictions, Croke Park Hours, Inaction on HPS at national level, Reaction to PISA scores

**Changes in Partnership composition.** Loss of key personnel, non-replacement

**Competing agendas.** Other work demands, focus on literacy and numeracy, reduced time for SPHE. Longer gaps between meetings

**Group familiarity** Not exploring options enough, Unwilling to cause dissensus

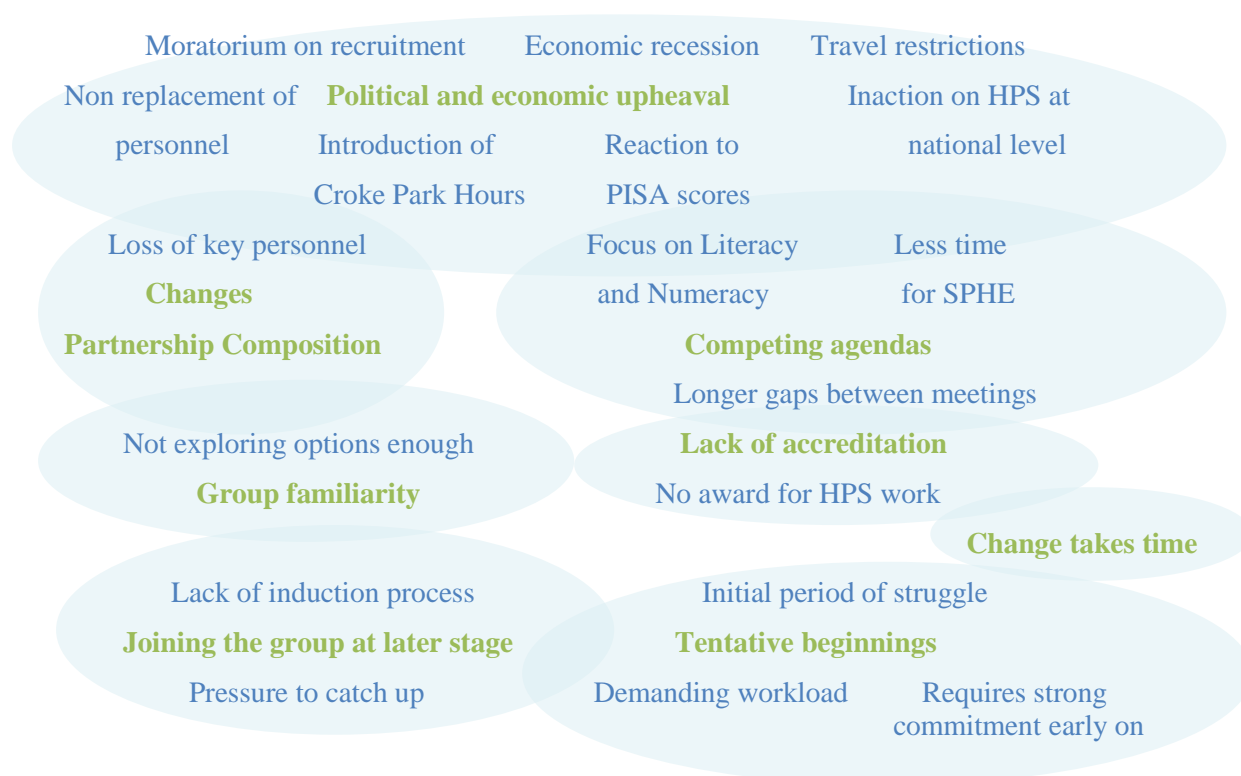
**Lack of accreditation.** No award for HPS work

**Joining the group at a later stage.** Pressure to catch up, feeling less able to influence developments. No induction process

**Tentative beginnings.** Initial period of struggle due to demanding workload. Dual development of Partnership, resources and linking with schools. Requirement for strong commitment early on.

Figure 6.8 illustrates the key barriers identified by the Steering Group/ Technical Working Group members in relation the development of the HPS Partnership.

**Figure 6.8: The barriers identified in Case One**



## **Case Two: School B**

### **6.8 Thumbnail description of School B**

In this profile the school (B) is presented under a series of headings (location, ethos, pupil and staff numbers, school facilities, social information, the Principal and participation in the pilot study), to provide the reader with a brief opening snapshot of the context for this case.

#### **6.8.1 Location**

This primary school is located in a small village (population: 572 – 2011 Census), which is the market town for the surrounding district and wider rural hinterland. The village is located 18km from the nearest big town (population: 25, 360 – 2011 Census) and 32 km from Limerick City. School B is situated in a central location to the village and adjacent to the local post primary school.

#### **6.8.2 Ethos**

The school is a co-educational, rural primary school with a Catholic ethos. According to the school's website, the school 'provides an education founded on an appreciation of childhood and family. It fosters an environment that values the physical, emotional, social, spiritual and intellectual growth of children.'

#### **6.8.3 Pupil and staff numbers**

The school has an enrolment of 286, taking pupils from Junior Infants to Sixth Class (4 – 12 years of age approximately). The school currently has 18 staff, 9 of which are mainstream teachers. The school has a Learning Support Unit comprising of two Learning Support Teachers and two Resource staff. In addition there are two Special Needs Assistants allocated within the school. The school is supported by a Secretary and a Caretaker. The gender representation amongst pupils is relatively equal (140 girls, 146 boys) but this is not reflected amongst staff, only three of whom are male.

#### **6.8.4 School facilities**

The school is situated in a picturesque well-landscaped setting and current buildings are approximately 15 years old, pleasant and welcoming. The school has a number of hard play areas that are designated for different sections of the school community, for example, junior playground, senior playground. There is a basketball court and a large sports pitch. The classrooms are a good size and there are a number of additional areas in the school that are

frequently used for example, a large hall, parents' meeting room and a designated resource room.

### **6.8.5 Social information**

While parents would traditionally have been mainly farmers of small to medium-sized landholdings, there is more diversity in parental occupation currently. Due to immigration patterns over the last decade there is a more culturally diverse population (the majority of immigrants from Central and Eastern Europe) living in the area and this is reflected in the school enrolment. Most parents have been educated to at least Leaving Certificate level (or equivalent) with a significant proportion of the parental population holding professional and/or third level qualifications.

### **6.8.6 The Principal**

The school Principal during the project period is male and is categorised as an Administrative Principal for DES purposes. This means he has no prescribed teaching duties. The Principal held this post at the school for over 20 years and retired at the end of 2013. During his time as Principal he was an active member of the Irish Primary Principal's Network (IPPN) and acted as the co-ordinator for the County division of this professional organisation. The Principal is from the local area and lives nearby. He is actively involved in the local community particularly in regard to his participation in the local branch of the Gaelic Athletic Association (GAA).

### **6.8.7 Participation in pilot**

This school participated in the pilot study in 2009. At that stage of the process the Principal indicated that he recognised that his is a pivotal role in relation to promoting and leading HPS at the school level. The Principal was keenly aware of the need to create positive relationships within the school environment and was especially proactive in the area of policy-making which is supportive of professional and personal skill development for members of the school community.

One of the staff members interviewed as part of the pilot study also agreed to participate in my work at doctoral level as did one parent. The inclusion of these participants further strengthens the longitudinality evident in my work, as individual perceptions and actions can be tracked over the time period.

## 6.9 HPS Network Participation

One of the reasons for School B's selection in this study was because it had been a member of the HPS Network since the project's inception in the Midwest. School B's involvement in the development of the HPS Network is summarised in the timeline in Figure 6.9. Note that items in red coloured font denote wider developments in which the school was involved / participated.

**Figure 6.9: Timeline of School B activity in relation to HPS Network (2006-2013)**

DATE	PHASE
	<b>Introduction and Consultation Phase</b>
Early Spring 2006	<ul style="list-style-type: none"> <li>• Letter of invitation to join Network sent to Principal.</li> </ul>
Spring 2006	<ul style="list-style-type: none"> <li>• Initial meeting between TWG* members and Principal. TWG outline what is involved in process and introduces the Engagement Form (which details what the HPS Partnership will do and what is expected of the school).</li> <li>• Meeting between TWG and school staff. TWG outline what is involved in process, take questions and seek volunteers to represent staff on HPS School Working Group.</li> <li>• Briefing meeting for parents facilitated by TWG. TWG outline what is involved in process, take questions and seek volunteers to represent parents on HPS School Working Group.</li> <li>• Teachers introduce concept of HPS to pupils using resources developed and supplied by HPS Partnership. Pupil representatives for HPS School Working Group identified by teachers (some selected randomly, others purposively).</li> </ul>
June 2006	<ul style="list-style-type: none"> <li>• <b>Cluster meeting**</b> Meeting of Principals of the 4 schools involved in the local cluster. Meeting was held in School B. Two of the Principals requested the meeting as more clarity was sought around the project. Principals did not want their involvement in the HPS Network to create competition between schools. The TWG facilitators used the meeting as an opportunity to elicit Principals expectations regarding participation.</li> </ul>

\* TWG – Technical Working Group members of the HPS Partnership one of whom was this researcher, who worked closely on the implementation of HPS with the school.

\*\* Cluster Meeting – refers to meeting of local schools involved in HPS Network.

### Formal Launch of the HPS Network

September 2006	<ul style="list-style-type: none"> <li>● Invitation to launch sent to school community.</li> </ul>
October 2006	<ul style="list-style-type: none"> <li>● Formal Launch of HPS Network by Minister of State School B attended the launch (parents, teachers and pupils from 3 of the schools in the local cluster combined to get a bus together and all attended launch).</li> </ul>
	<p><b>School Working Group: formation, training and development</b></p>
October 2006	<ul style="list-style-type: none"> <li>● Establishment of School Working Group on HPS.</li> <li>● First meeting of Working Group facilitated by TWG Signing of contract, identification of 'Link' person – to liaise between the school and the HPS Partnership, School Working Group completed evaluation of launch.</li> </ul>
January 2007	<ul style="list-style-type: none"> <li>● Meeting of HPS School Working Group. Completion of school audit of HPS status.</li> </ul>
	<p><b>Action Plan preparation and development</b></p>
	<ul style="list-style-type: none"> <li>● Identification and agreement on Action Area. (The Working Group chose to focus on supporting and developing the Social and Emotional Needs of Children).</li> </ul>
Spring 2007	<ul style="list-style-type: none"> <li>● Development of Action Plan by HPS School Working Group. See summary of Action Plan on Internet Safety in <b>Appendix XIV</b> (sub-group developed Bullying Survey instrument, organisation of school drawing competition on themes of Friendship and Anti-Bullying, use of mini desk contracts in classrooms, collection of resources to support School Walks for curricular and extra-curricular use).</li> </ul>
May 2007	<ul style="list-style-type: none"> <li>● Meeting of Working Group to review activities.</li> </ul>
Summer 2007	<ul style="list-style-type: none"> <li>● <b>Principal invited to Lithuania</b> to present on school's activities at conference.</li> <li>● TWG and Principal prepare to host DES Summer School on HPS on school site*</li> </ul>
July 2007	<ul style="list-style-type: none"> <li>● 3 teachers from School B participate in <b>HPS Summer School</b>* (along with 21 other teachers from schools dispersed mostly throughout the Midwest region).</li> </ul>

\*DES Summer Schools are formal 5-day CPD training events provided for teachers out of term time. These are not normally hosted in schools but rather in Education Centres or other training centres so this was a relatively innovative approach which was supported through the inter-agency collaboration within the Steering Group of the HPS Partnership.

	<ul style="list-style-type: none"> <li>● <b>Note:</b> no formal contact between September to December 2007. This was attributed by Principal and TWG to the volume of work which had been completed before and during the summer of 2007.</li> <li>● This matter was discussed by the Steering Group and the TWG were advised to wait until the school indicated a wish to progress with the HPS process.</li> </ul>
Jan – April 2008	<ul style="list-style-type: none"> <li>● 2 meetings between TWG and Principal and a number of telephone calls to discuss plans for further work on HPS.</li> </ul>
May 2008	<ul style="list-style-type: none"> <li>● School Working Group begin working on theme of Healthy Eating (TWG supported this work through the identification of suitable resources)</li> </ul>
June 2008	<ul style="list-style-type: none"> <li>● Request from Principal for support on Internet Safety following reported incident of cyberbullying. TWG sent support materials and facilitated Internet Safety Workshops with Parents and Pupils separately.</li> </ul>
August 2008	<ul style="list-style-type: none"> <li>● <b>Development of community walk</b> A complaint to the local Environmental Health Office by a parent following one of the school weekend walks the previous year contributed to the establishment of a Community Employment Scheme to build a safer walkway which is now used by the wider community.</li> </ul> <p><b>Further development of Action Plans (embedding HPS and sustainability)</b></p>
November 2008	<ul style="list-style-type: none"> <li>● TWG facilitated interactive Information Evening for Parents and Staff (combined) exploring the development of a Code of Behaviour (Code of Behaviour Guidelines developed by NEWB used to inform the session).</li> </ul>
Winter 2008	<ul style="list-style-type: none"> <li>● New HPS School Working Group formed. Code of Behaviour chosen as the area of work focus and the task was divided into 5 aspects with responsibility shared between different parts of the school community.</li> </ul>
Spring 2009	<ul style="list-style-type: none"> <li>● Discussion between the researcher and the Principal re the school's participation in the pilot and agreement reached for same.</li> </ul> <p>The research supported the school in reviewing its work to date while helping the researcher to achieve qualification and provide evidence for HPS Partnership.</p> <ul style="list-style-type: none"> <li>● School continued its activities in relation to Healthy Eating (Food Dudes programme, Healthy Eating Week)</li> <li>● Introduction of Walk to School initiative</li> </ul>

Summer 2009	<ul style="list-style-type: none"> <li>● <b>Participation by representatives of whole school community in research</b> on the Role of the Principal in the development of the HPS Network (M Ed thesis and pilot).</li> </ul>
Spring 2010	<ul style="list-style-type: none"> <li>● <b>Cluster meeting</b> School representatives (teachers and parents) participated in meeting held in local Education Centre. Two new schools had joined the Network and the meeting was used to provide guidance and feedback on what had happened so far. Learning from the pilot study was also shared at this event.</li> </ul>
Summer 2010	<ul style="list-style-type: none"> <li>● School HPS Working Group continued to develop Healthy Eating strategies and included a focus on Physical Activity. (Travel Surveys conducted for Green Schools initiative with the school community).</li> </ul>
Autumn 2010	<ul style="list-style-type: none"> <li>● School initiates Walk and Stride policy</li> <li>● School secures funding from An Taisce for construction of Bicycle Shelter.</li> </ul>
2011	<ul style="list-style-type: none"> <li>● School participates in national <b>Child Mobility Study</b> (which forms part of a wider international collaborative research effort).</li> <li>● School monitors travel patterns internally.</li> </ul>
2012	<ul style="list-style-type: none"> <li>● School continues activities on Healthy Eating and Physical Activity. Broad range of health promoting activities embedded within the school.</li> </ul>
2013	<ul style="list-style-type: none"> <li>● School participates in doctoral research.</li> </ul>

The timeline depicted above indicates School B's involvement and commitment to the HPS Network and process throughout the period of 2006 to 2013. The resources developed by the Partnership to record and support each stage of engagement are provided in **Appendix XV**.

Up to 2010 School B was strongly supported by the TWG of the HPS Partnership which facilitated School Working Group meetings and identified useful resources for the school to avail of when initiating subsequent Action Plans. Since then periodic check-in meetings [bi-annually] and regular contacts [by phone and email] maintained the link between the school and the Partnership. A formal HPS Award [the HPS Flag – see **Appendix XVI**] was initiated during 2013 and School B was strongly encouraged to put itself forward for recognition of its work and achievements during the implementation of the HPS model at the school. However, the Principal was nearing retirement and decided to defer application for the award following the induction period of the new Principal to the school [beginning of 2014].



## 6.10 Perceptions of health and the Health Promoting School concept

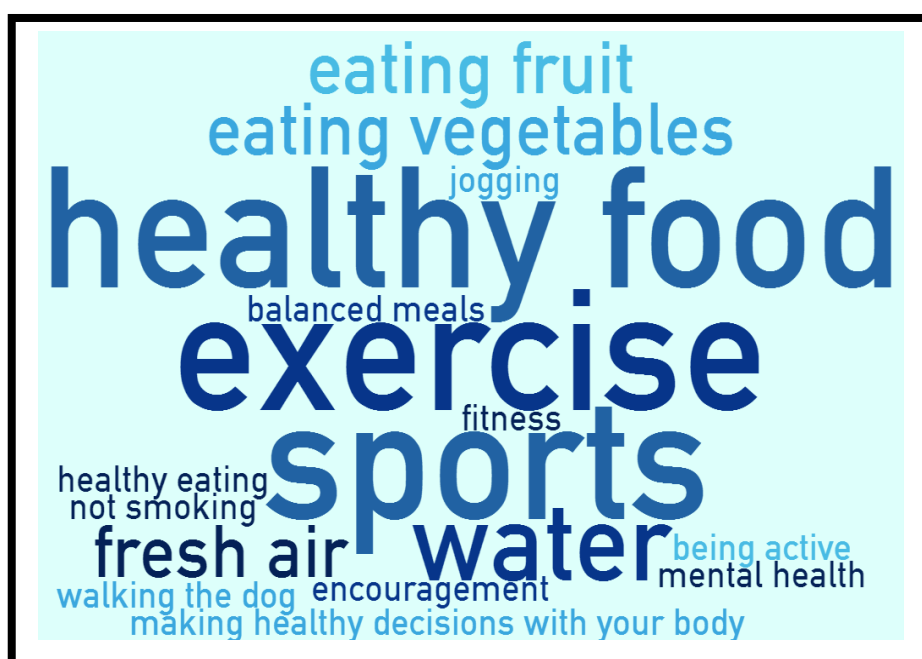
The next section presents the perspectives of various stakeholders from the school community – the pupils, Principal, staff and parents – on health and of their experience of participating in the development of HPS.

### 6.10.1 Children's perceptions of health

The children's perspectives were gathered through a structured focus group. The pupils indicated that they had been selected to participate in the research by the Sixth Class teacher. As the number of children who had wanted to participate in the research was greater than the number of places in the Focus Group (six) the teacher indicated that she would randomly select three boys and three girls from the volunteers. However, the children reported that the teacher had also indicated that at least one of the boys and one of the girls would have served on the HPS Working Group. The pupils felt that the selection process for the Focus Group was fair.

Pupils were asked about their perceptions of what it means to be healthy. The word cloud below indicates the pupils' responses to the question with the size of the font denoting the number of times a particular item was mentioned. The larger the font the more mentions made by pupils.

**Figure 6.10: Word cloud of pupils' perceptions of what it means to be healthy**

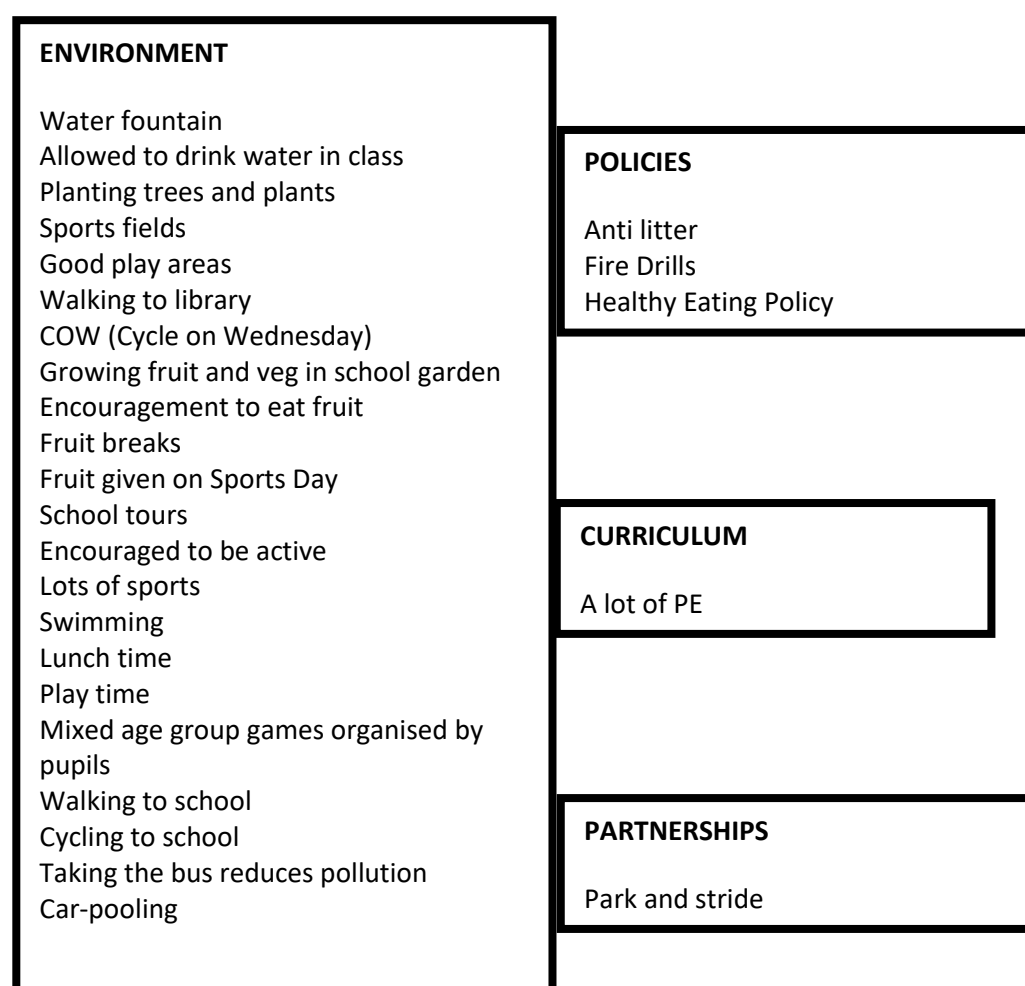


Two categories of responses emerged clearly from the children's responses; Physical Activity items received 15 mentions and Healthy Eating items received 11 mentions. Various aspects of mental health were mentioned four times as was fresh air. What is also noteworthy is the variety of items mentioned, which indicates the breadth of children's conceptions of what it means to be healthy.

### 6.10.2 How the school promotes children's health according to children

The children were asked to consider what the school does that promotes their health or which helps them to be healthy. Their responses are collated in Figure 6.11, against the four elements of a Health Promoting School; Environment, Curriculum, Policies and Partnerships.

**Figure 6.11: How the school promotes child health according to the children**



In terms of the Environment which incorporates the ethos of the school, this element of HPS received the most mentions by the pupils. COW (Cycle on Wednesdays) Days, sports amenities and the availability of lots of sporting activities and mixed age group games

organised by the pupils themselves all reflected the emphasis on Physical Activity, which the pupils had indicated was an important aspect of health for them.

The children considered that promoting health was a collective responsibility and reported that opportunities are provided in school for sharing ideas and suggestions, for example, the children felt they could influence actions by talking with their teacher or by going to the principal. The group felt that the school was fair in that it gave everybody a chance to contribute to developments in relation to HPS and that in general all suggestions are considered to come up with 'sensible plans'.

The children indicated that some aspects of school life did not promote health. In particular, the amount of homework was mentioned by a number of the pupils. Some children reported having spent up to three hours on homework and stated that too much homework can 'stress you out'. The pupils felt that this amount of study restricted children in getting outside especially during winter because of 'early darkness'. Other pupils mentioned that it was better to do weekend homework on Friday so that you wouldn't have to worry about it on Sunday. Two pupils indicated that they would not like to be given out to by the teacher.

The children reported that it was easy to eat unhealthy food surreptitiously in school and that some unhealthy eating practices are evident (albeit on a small scale). Another unhealthy aspect of school life that was mentioned by the pupils was bullying. The group were aware of a particular class grouping that had been involved in an ongoing bullying issue and reported that this class had been participating in whole class activities to counteract bullying behaviour. In general, the pupils felt that bullying incidents were minor in the school with girls involved more frequently than boys according to this group of children.

The children reported that some external factors had negative consequences for them, for example, vandalism by outsiders (there was a recent occurrence of vandalism at the school at the time of the data collection but this would be a relatively rare incident). Significantly, all the pupils agreed that a lot of dogs do make their way on to school grounds and a particularly vicious dog had been seen in the school yard during the last week. This had frightened the children.

When asked to comment on how to make the school a healthier place, the pupils made suggestions in relation to healthy eating ('be more strict about food', 'make fruit kebabs at break', include a 'treat day', 'get points for bringing in and eating healthy food'); increasing

pupil voice in decision-making ('more class discussions', the children would like to have more influence on 'decisions about School Tours'); and that teachers should act as better role models ('they should not drive all the way to school', 'they should do what they are trying to get us to do'[Park and Stride, cycling etc]).

### 6.10.3 How home promotes health according to the children

The children were also asked to consider what they do at home that promotes their health.

Figure 6.12 below highlights the themes mentioned by the pupils.

**Figure 6.12: How health is promoted in my home (grouped thematically)**

<b>Physical activity</b> Have my own hurling pitch Being brought to training Being in an active family Having a trampoline Playing on my bike Having lots of space to play in Having the park Playing tennis Going for walks	<b>Being supported</b> Being brought to extra-curricular events and activities Being listened to Allowing me to tell them if something is bothering me My ideas are supported Taught about safety (smoke alarms, fire extinguishers)	
	<b>Autonomy</b> Independence encouraged Given time to do what you want Being treated equally Made to go outside Freedom to play with my friends	
<b>Family bonds</b> Friendships with Grandparents Being a good role model to younger siblings	<b>Healthy eating</b> Encouraged to eat fruit and veg Making smoothies	<b>Engaging with nature</b> Growing plants Putting out bird seed Playing with pets
<b>Contributing</b> Doing chores Helping out on the farm Helping Grandparents Helping my neighbours		

While the home and school environments are very different, it is clear that there is a strong overlap between the focus on physical activity at home and at school. This consistency of message is not evident in relation to healthy eating, which featured so prominently in children's understanding of health and in the health messages that are conveyed in school. Having a health promoting environment was highlighted as important by the children for both settings (school and home) and it is clear that pupils want and feel that they have a contribution to make.

#### **6.10.4 What other school stakeholders had to say**

Quotes from adult interviewees from School B are in inverted commas, with longer quotes designated by the Letter B followed with the representative role the participant has in the school, that is, Principal, Coordinator, Parent, Teacher.

The Principal, Coordinator and Parent Two were interviewed on two occasions during this research – in 2009 and again in 2013. Comments from these stakeholders are dated to reflect when information was gathered.

The Principal's understanding of the concept of health was very broad which is reflected in the range of school activities aimed at promoting health he mentioned.

“We would be very conscious of the holistic development of children... so athletics and games and music and the time given to those, and through Green Schools you are encouraging them to walk to school, cycling etc. We did a huge amount of work on our Code of Behaviour and promoting health especially through SPHE. Of course we do things like encouraging eating fruit – having Fruit Breaks – having a water fountain available and allowing children to drink water in the classroom.” B Principal [2013]

The Principal highlighted that signing up to the HPS Network “makes you think about where you are” in terms of promoting health. While the Principal did hold a broad view of health he recognised that aspects of the HPS process could be harnessed to fill particular gaps in his own knowledge and expertise.

“A HPS should cater for every aspect of children's health, their physical and their emotional health...but that is very challenging. It is a major concern of mine as a Principal, taking on board the emotional wellbeing of children. It's huge, it is an enormous challenge. I would find it a major stressor.” B Principal [2009]

The comment above illustrates the Principal's concerns at the earlier stage of the school's involvement in the HPS process during which the school community worked on the theme of ‘the social and emotional needs of children’. Significantly in the later interview the Principal reflects on how he was able to draw on the process to meet his own specific needs which he had earlier identified as challenging.

“I would always have thought that I would be catering for the physical needs of the children here, so when it came to being involved in HPS I used it in a form that best suited my needs to help with the work on the emotional needs of the children, I found that huge.” B Principal [2013]

In the pilot study the Principal had emphasised that the primary function of teachers is as ‘educators’ and pointed out that ‘staff are very conscious of their curricular requirements in academic areas’. In this regard the SPHE (Social, Personal and Health Education) curriculum in the school incorporates the Walk Tall Programme (anti-bullying, substance misuse, peer pressure, self esteem) and Stay Safe (child abuse prevention programme) and this according to the Principal was one of the ways ‘the curriculum was helping’ in addressing children’s social and emotional needs.

Teacher One has been involved with HPS developments since the inception of the project in the school. The teacher is a Resource Teacher for the whole school providing support to children with additional learning needs in all year groups. This teacher was interviewed during the pilot study phase (2009) and again more recently (2013). Because of her role as HPS Co-ordinator for the School Working Group between the school and the HPS Partnership she played an important part in promoting and supporting the development of HPS in the school.

It was clear from the data collected that the teacher’s understanding of HPS has grown significantly during the school’s involvement in the process. Although designated the link person for the school’s HPS Working Group, when interviewed in 2009 as part of the pilot project, this teacher reported having no knowledge of the genesis or history of the project. This serves as a reminder to those initiating projects with schools to not make assumptions about how well informed or otherwise are staff that are given responsibility on the ground for explaining initiatives to school communities. In her more recent interview the teacher indicated clearly how the school had come to be a member of the HPS Network.

“The HPS Network was organised in about five secondary (post primary) schools in the Midwest. As a feeder school to the local secondary school we were invited to participate.” B Coordinator [2013]

When interviewed in 2009 as part of the pilot study this teacher indicated a limited interpretation of the HPS concept.

“I think the bottom line with HPS is trying to sort out lunches.” B Coordinator [2009]

In 2013 the teacher’s description of the HPS concept is much broader.

“I suppose that what we are doing here is nurturing humanity – nurturing the whole gamut of the human being and that is what schools ideally are about.” B Coordinator [2013]

“I believe any school should have an ethos of being a health promoter – our job (as teachers) is to help children to be the best they can be holistically.” B Coordinator [2013]

Similarly, the teacher’s interpretation of HPS involvement as a natural and logical implementation of the curriculum evolved over time.

“Our school is very educationally focussed. That is one of the prides of our school.” B Coordinator [2009]

“It all feeds one of the other...promoting health is part of education and the overall development of the child.” B Coordinator [2013]

Teacher Two teaches Sixth Class pupils (12 years of age approximately) and did not participate in the pilot study. However, the teacher reported having previous experience in another HPS at the early stages of her teaching career and that this contributed to her positive engagement with HPS in this school.

“I think because I started out in a school that emphasised HPS and I found it very positive that I still have that with me. So I was all open to this when I got here.” B Teacher

This teacher was very aware of how HPS could be integrated across the curriculum and gave examples of how she implements this in her own classroom.

“I am aware that HPS can be linked into a lot of subjects rather than okay so now I am going to do half an hour of healthy eating and go over ... the Food Pyramid.” B Teacher

“I would for example encourage children to drink water. The kids would do out a chart filling out a square for each half litre they drank so we would map it ..... so we are doing things with data (Mathematics Education). We integrate healthy messages into oral language development too ... often we would start with something topical that is in the news (Media Education) and it triggers discussion.” B Teacher

The teacher was aware of providing age appropriate messages and was in favour of a whole school approach being adopted in relation to HPS implementation and particularly emphasised the need to start empowering children from the earliest age.

“I definitely think to start with these messages when they are young is very important. They will carry these messages with them.” B Teacher

The teacher especially emphasised the need for a consistent approach within the school.

“If there is specific target than all teachers are on the same wavelength and we are all gearing towards a very explicit goal. It would be great as a whole school as a child is going from class to class they get the same messages the whole way up.” B Teacher

Parent One has extensive knowledge of the school’s procedures and systems having previously served on two Boards of Management. The parent had also been an active member of the school’s HPS Working Group. The parent considered that promoting health was a part of education and described it in terms of a holistic approach based on relationships.

“HPS is playing out with regards to how kids interact with each other, through home or with teachers, more of a holistic approach to supporting children’s development.” B Parent

The parent mentioned a number of distinct topics which the school focussed on as part of its implementation of the HPS process and highlighted the importance of linking what is happening at school and at home.



“Healthy eating, like the fruit programme through the Fruit Breaks. What I liked was that it got the kids interested in different fruits and healthy eating in general. Then it is encouraged both at school and at home.” B Parent

“Another thing I find works well is the policy and atmosphere here towards bullying. Any issues are dealt with very quickly. By the culture of Tell, Tell, Tell we are all encouraged to come straight in about it.” B Parent

Parent Two highlighted many of the HPS activities mentioned earlier by other members of the school community, for example, physical activity, fruit messages and in particular Smarter Travel initiatives undertaken such as the Park and Stride scheme and the supports for cycling to school. The parent noted that some of the school’s activities under HPS were combined with Action Plans under the Green Schools project and clarified that this in no way meant that the processes involved competed with each other.

“For us when we were doing HPS, the group involved viewed the Smarter Travel stuff (which was being done under the Green Schools initiative) .. we looked at that as umbrella-ed under the health thing.” B Parent [2013]

This parent felt that the projects were mutually complementary.

“I don’t think HPS competed with anything. One sorts of backs the other up at the end of the day.” B Parent [2013]

The principal held a similar view.

“I do think HPS complemented other work. It was for example more a complement to what we were doing on the Green Schools rather than in competition with it.” B Principal [2013]

#### **6.10.5 Discussion of the school community’s perceptions of health**

It is clear that the various stakeholders in School B hold very broad and complex views of health and the HPS process. The young people while highlighting physical activity and healthy eating indicated a wide conception of health which ranged from these features of physical health and included fresh air and elements of environmentalism to encompass aspects of mental and emotional health such as being supported, having autonomy, making a contribution and being a good role model. The children’s perceptions were sophisticated and nuanced enough to illustrate that they clearly distinguished between how school and home

promote health in different ways. These conceptions of health illustrate the settings approach to health promotion which adopts an ecological approach that sees health as the dynamic product of interactions between individuals and their environments (Dooris, 2006). The children's perceptions were echoed in the comments of Parent One who described HPS in terms of being focussed on relationships (see last comment on page 161 for instance). The settings approach recognises the connections that exist between different settings and acknowledges that "health is created and lived within the settings of their everyday life; where they learn, work, play and love" (WHO, 1986).

The ENHPS framework for HPS which comprised a model encompassing the four key components – Environment, Curriculum, Partnership and Policies is useful for considering the children's perceptions around what promotes their health. In the views expressed by the children it is clear that aspects of the Environment of the school are to the fore for the children with little mention or attention given to the other pillars of HPS. In contrast (though hardly surprising) the teachers highlighted the Curriculum aspect of HPS - although it should be noted that Coordinator initially held a rather narrower understanding of HPS in terms of its potential for integration within the educational function of the school. The school's sustained involvement in the HPS Network may have contributed to the broadening of this view and it is noteworthy that Teacher Two experienced HPS in a different school at the early stages of her teaching career which she identified as positively disposing her towards HPS when it was introduced in School B. This has significance in terms of the pre-service training teachers receive and their initial teaching and induction experiences.

The Principal described health very broadly and perhaps because of his position had a heightened sense of awareness in terms of viewing HPS through the different lenses of Environment, Curriculum, Partnership and Policies. Significantly the Principal highlighted the challenge he felt in addressing the social and emotional aspects of children's health and stated that involvement in HPS helped to fill his perceived deficit in this area.

## **6.11 Supports for the development of HPS identified by the school community**

### **6.11.1 Importance of the Principal's role**

In the pilot for this research (my M. Ed. Work which focussed specifically on the role of the Principal as a support for the development of the HPS process) the principal's support for the project was identified as a key factor. For example, during the pilot the Coordinator highlighted the importance of the Principal's enthusiasm for HPS.

“The Principal sees HPS as being an absolute essential. He started out enthusiastically absolutely and would have insisted on getting the group together. He got the parents and he would have ‘an open door’ approach.” B Coordinator [2009]

More recently Teacher Two also indicated that the Principal was an important support again highlighting his openness towards the school community.

“The Principal has an open door policy to parents and to everyone. He is very accessible. I have found the Principal great, very supportive.” B Teacher

The pupils in the pilot study highlighted the accessibility of the Principal also “ I think you could approach him” and Parent Two at the time confirmed this view.

“I wouldn’t say that they were afraid of him, ... they like him.” B Parent [2009]

Teacher Two emphasised the value of working in a supportive environment when trying to introduce change.

“When the teacher knows there is support it is a good back up and I have found it great.” B Teacher

In the context of this overall doctoral study there is substantial evidence of the Principal’s commitment to HPS by his active involvement in introducing HPS to the school and wider community. The Principal attended and facilitated the introductory stage of the HPS process when the Technical Working Group (TWG) of the HPS Partnership met with staff and parents. The Principal attended and facilitated all meetings of the HPS School Working Group for the first two years of the project.

### **6.11.2 Early enthusiasm and willingness**

Strong motivation and a commitment to the process emerged as a supporting factor for HPS when the process was being introduced. Being open and enthusiastic about the project at the early stages was highlighted as contributing to the success of the project in the school by HPS Coordinator.

“We saw the Network as being fantastic and as a result we were gung-ho in the beginning. We did very well in our first year or two.” B Coordinator [2013]

The Coordinator was personally committed to the process which was evident in her willingness to be appointed to a special Role of Responsibility for HPS within the school.

“I was quite willing to work with it and go with it.” B Coordinator [2013]

The Coordinator reported that her pastoral role (as a Resource Teacher) allowed her more freedom to pursue and support HPS, perhaps more than the other teachers. She also indicated that this was probably the reason she was asked to take up the Post of Responsibility.

“My challenge of curriculum isn’t as high as everybody else’s.” B Coordinator [2009]

Commitment to HPS was also evident in the parent body.

“If there is anything on like a Flag Day or something like that, I am always there.” B Parent

This parent reported that HPS allowed her to forge relationships with other parents as she had only recently moved to the locality.

“Because I was new to here I wanted to get stuck in, there is now a group of us that get on well together.” B Parent [2013]

### **6.11.3 Valuing the HPS process and the independence of the HPS Network**

The Principal reported valuing participation in the HPS Network very highly.

“It is very important that there is a HPS Network, that there is a structure dedicated to primary schools in the Midwest region.” B Principal [2013]

The structural aspect of HPS at the school level was of critical importance to the process according to the Principal and he valued what he perceived as the independent and professional support of the Partnership.

“A structure gives it a greater meaning, gives it a greater emphasis. It would have given it a name for the children. When you have a structure and an

outside agency coming in, recognising the work you are doing, it makes a huge difference.” B Principal [2013]

“Having an independent, qualified, neutral resource available, to be able to call on outside professionals, I found that huge. It gave a strong message that there is a caring environment there and I think that was very important.” B Principal [2013]

#### **6.11.4 The breadth of activities**

The breadth of activities that the school engaged in during the HPS process were mentioned by the Coordinator as a support for the development of the project as were the integration of HPS events with other projects (for example, Green Schools), and across the curriculum (for example, Science, PE) and the utilisation of external supports (for example, expert trainers).

“We do Healthy Eating, we have Fruit Breaks for a number of years now and we have Water Breaks. We had Fun with Food. We incorporated that into Green Schools and another staff member came with a bike and used it to power the processor for smoothies, she demonstrated and all the children participated – it was great fun and they learnt about healthy eating, physical activity and about dynamos and all the science behind that. We do hurling, tag rugby – there are trainers coming in and Fourth and Fifth do swimming. We do school walks, Nature Trails. There is quite a lot of physical activity promoted here.” B Coordinator [2013]

The breadth of the focus on physical activity was mirrored in a comprehensive approach adopted when implementing HPS in their first chosen Action Area; addressing the social and emotional needs of children.

“We did look at bullying in all classes. We surveyed the children and gave them an anonymous voice and freedom that they can say what they want to say. We encourage the Tell Tell Tell strategy very strongly and we do lessons on self-esteem, how we work in groups and how we respect each other. The first rule in every classroom is ‘show respect to everyone’. We do Stay Safe (Child Protection Programme) and follow through with Walk Tall (Substance Misuse Programme), do all the SPHE curriculum – the Principal would be very fastidious that it is covered.” B Coordinator [2013]

Teacher Two also highlighted the breadth of activities as a key support in successfully implementing HPS in the school.

“We have Health Promoting Days in our school and lots of different activities during the year. We do focus on Healthy Eating. We use carrots and apples to make Funny Faces (and this year) they had to cycle the bike to make smoothies. The SPHE curriculum reinforces the messages and I suppose lifestyle choices.” B Teacher

Teacher Two emphasised examples in relation to the school’s work on the social and emotional needs of children.

“I think we are very strong on promoting the child’s wellbeing – their self-esteem, confidence and emotional health. There is a positive approach adopted here. We make sure that success is spread out. I try to do that as much as I can. The Good News board is one way. And they go to the Principal every Friday, sometimes with their copybooks and he signs them.” B Teacher

However, when it was pointed out to this teacher that the school is also particularly good at promoting physical activity she agreed she had forgotten to mention this and indicated that she may have a bias towards promoting Healthy Eating more.

“You take physical activity for granted it is so obvious – I just see that as normal. We do have great facilities and we walk everywhere. So physical activity we are good on that, there is huge encouragement for that. I would like if we focussed more on Healthy Eating, that again is my own thing.” B Teacher

For this teacher promoting physical activity at school is the norm.

#### **6.11.5 Home / school relationship**

The Principal placed an enormous value on the role of parents and their relationship with the school.

“Collaborating with parents is hugely beneficial because any positive interaction you can have with parents influences the children. The parents will present the school, the Principal and the teachers, in a positive light to the children and this is a benefit.” B Principal [2009]

The Principal felt he received widespread support from amongst the parent body.

“Anytime I asked parents for help or support there was no problem, I always got a huge response.” B Principal [2013]

The Coordinator was also very much in favour of adopting a partnership approach with parents recognising that parents have much to offer the school.

“Parents are just amazing when they are asked to come on board with things, they have much more talents than we would have as teachers and they have enthusiasm.” B Coordinator [2013]

Similarly Teacher Two stressed the importance of the relationship between home and school.

“You do have to link in with the home because you need parents on board with you. There is no point having things here in school and then them (the children) going out the door and it ends there.” B Teacher

Parents shared similar views on the relationship between home and school. Parent Two reported in the pilot how the Principal regularly consults with parents.

“I think the Principal considers the Parents’ Association an important aspect of the school - he always runs things by the Association.” B Parent [2009]

One of the key successes of HPS for Parent Two was the repetition of messages in the school and home environments particularly around healthy eating.

“There is consistency between what is going on in school and at home.” B Parent [2013]

The parent felt that HPS enhanced and strengthened health messages overall by being an alternative source of endorsement rather than health messages solely coming from parents.

“When parents are telling the children the thing all the time it can lose its strength, so when it is coming from somewhere or someone else it endorses it more.” B Parent [2013]

According to this parent this manifests in changes in the children’s behaviour where for example, they pay more attention to what it is they are eating.

“It has made the kids more aware – they are actually looking at food labels more.” B Parent [2013]

#### **6.11.5.1 Good communication**

Parent One felt that good communication was an important aspect of school relationships, and that this accommodated the development of HPS with the school community over a sustained period.

“I found the communication between the parents and teachers very good even with different personalities up along the years.” B Parent

The Coordinator reported that the whole school community was consulted on HPS.

“Really it is about levelling (decision-making in the school). We have used that approach and we did a staff survey and the parents were surveyed (on different matters to do with HPS).” B Coordinator [2013]

#### **6.11.6 Pupil engagement**

The Coordinator emphasised the children’s participation and full involvement in the implementation of HPS and the benefits to children from this engagement.

“I know the kids love doing HPS. They really love organising these things and seeing the value of it, the value of good healthy eating, the value of going on a walk and so on.” B Coordinator [2013]

Teacher Two was also positively disposed towards including children on School Working Groups and pointed out that the HPS committee benefits from including children from the very beginning.

“If the kids are on board straightaway as regards a committee than you are flying it – the kids have wonderful ideas.” B Teacher

Besides being represented on the HPS Working Group, Parent One provided an example of how children were supported to get involved in developments in the school. This parent felt that the introduction of an anonymous Comment Box for the children encouraged their participation and viewed it as a positive development.

“The teacher told me that it had originally been intended to only keep the Comment Box there for Lent but that it worked so well that they decided to



keep it until the end of the year, and this was a decision that the kids made, it was negotiated with them.” B Parent

This example illustrates not only how children’s participation was encouraged but also demonstrates how the school was willing to adapt its plans to the context as the HPS process was implemented.

#### **6.11.7 HPS presented new possibilities**

The Coordinator highlighted how HPS had facilitated the opening up of discussions on sometimes sensitive or delicate issues between teachers and also allowed space for personal development.

“The introduction of HPS brought a growth in awareness that it is fine to talk about these things (mental health). As a professional group it opened that up for us.” B Coordinator [2009]

“When the HPS Summer School was facilitated here and we did the co-operative learning piece I found that absolutely amazing.” B Coordinator [2013]

Parent One identified that some HPS activities did involve wider collaboration, by utilising expertise from outside and by inviting other schools to attend.

“We did have David Coleman (a well known psychologist on parenting topics nationally) come talk (about mental health and behavioural issues) and when you came to speak (about Internet Safety) parents and staff from other schools locally were present.” B Parent [2013]

#### **6.11.8 Discussion of the supports identified by the school community**

As with the pilot study the importance of the Principal’s role in promoting and supporting HPS was emphasised as pivotal with regard to successful implementation. Denman et al. (2002) point out that for HPS projects to succeed endorsement from senior levels in schools is required. The timeline at the beginning of this case provides evidence of the Principal’s enthusiasm for HPS demonstrating the swiftness with which he arranged introductory meetings with staff and parents to how well the school was represented at the official launch of the HPS Network. The Principal’s actions ensured that the HPS concept was introduced and communicated to the whole school community effectively from the very beginning.

Furthermore, the school progressed through the stages of the HPS process efficiently and the school's HPS Working Group transitioned new members smoothly at different times. Jourdan et al. (2016) and Denman et al. (2002) highlight the need for school programmes to be sustained over several years and School B's engagement with the HPS Network since 2006 illustrates that long term commitment was demonstrated by the school.

Willingness and motivation were identified by stakeholders as supports for the introduction and implementation of HPS. The Principal's perspective translated into a similar enthusiasm amongst the school community (the Consultation Workshops at the beginning of the process had full attendance by staff and strong attendance by parents). The appointment of a member of staff to a special Role of Responsibility further indicated a clear message of commitment to HPS.

Wide consultation and good communication were considered important for the HPS process by the research participants. Throughout the period under examination the school maintained a very active website and newsletters were regularly sent home keeping parents informed of on-going developments. Strong, dynamic and productive home/school links play a vital role in successful HPS implementation (Denman et al., 2002) and the links developed in School B were highly valued by all the adult stakeholders. The Principal and teachers noted parental involvement as a resource to draw on and the Principal acknowledged that he received strong support from the broader parent body. The school's HPS Working Group involved parents, pupils, staff and the Principal for the first few years. The research literature (Lister-Sharp et al., 1999; Stewart-Brown, 2006) strongly advocates for an active role for the whole school community in the planning and delivery stage of the HPS process and School B exemplifies this approach in its establishment of the school's HPS Working Group.

Children have been involved throughout on the HPS Working Group (and on other very active groupings within the school, for example the Green Schools Committee) and this is evidence of how children are encouraged to engage and their participation is valued. From a HPS perspective these experiences helped ensure that pupils were equipped with both knowledge and skills (IUHPE, 2007). It is clear also that the mechanisms adopted were child centred with children given safe and inclusive opportunities to form and express views (through anonymous Comment Boxes, involvement on committees, being able to approach the Principal) and that the children's views were not only listened to, but also acted upon as appropriate (as per Lundy Model, 2007).

The breadth of activities conducted as part of HPS was mentioned by parents, teachers, pupils and the Principal. This ensured that health promoting messages became embedded in many aspects of school life (wide range of physical and mental health promotion actions, development of policies such as Healthy Eating, Code of Behaviour, utilisation of expert trainers such as sports coaches, psychologists, Internet Safety specialists etc.) in addition to following the formal curriculum. Parents and teachers emphasised the value in consistent age appropriate messages being given to children. Stewart-Brown (2006) had highlighted that a whole school approach results in the most benefits and is the most effective in terms of HPS implementation. School B's approach to Healthy Eating, Physical Activity and addressing the social and emotional needs of children were consistent with the adoption of a whole school approach.

Partnership and collaboration are key principles underpinning all health promotion work (Ottawa Charter, 1986; Egmond Agenda, 2002, SHE Network, 2016) and this research assumes that working in partnership in the school context offers the potential of multiple benefits. It is clear that this is the case in School B where one parent reported witnessing her children 'reading food labels' and another pointed out that she had got involved in HPS because she was new to the area. This reflects the ideas presented by Rudd et al. (2004) who stressed the significance of establishing ties and similarly Epstein's (2001) work which emphasises that working in partnership from a community perspective can 'connect people'.

The Principal valued the establishment of the HPS Network and identified having a delineated structure as a support for the implementation process, though this was not mentioned by any of the other stakeholders. Significantly however, The Coordinator emphasised how the introduction of HPS afforded the school community and teachers in particular, opportunities to explore sensitive and previously unexplored domains.

## **6.12 Challenges and Barriers to implementing HPS**

### **6.12.1 Leadership style of Principal**

Although the role of the Principal was highlighted as a support for HPS implementation it is significant that the Principal reported that he felt he had neglected the HPS School Working Group following initial heavy involvement with the process.

“I was negligent on the structure I think,... the committee, regular meetings, recording meetings that structural side of things... I should have met with the Working Group more regularly (as the process evolved).” B Principal [2013]

The Coordinator indicated that she found that his hands-on approach could be somewhat stifling in the early stages of the process.

“I wasn’t allowed much initiative. His style of leadership is really as a backseat driver but he does want his long arms on the steering wheel. Which is fine, because the buck does stop with him.” B Coordinator [2009]

The teacher clearly recognises that accountability ultimately rests with the Principal and respects this reality. To some extent later comments by the teacher empathise with the feelings of the Principal on the need for a consistent and sustained approach to HPS. For example, the teacher reported that work on HPS had been sporadic at times and would benefit from a more delineated structure.

“We took on HPS in bursts, we need to come to a point of being more focussed.” B Coordinator [2009]

“What has been drifting is the inherent organisation and the ticking of boxes... (to be able to say) we have achieved A, B or C on this or that. That is something that we are not able to do ourselves.” B Coordinator [2013]

However, it should be noted that one of the parents interviewed indicated an appreciation that to achieve lasting change takes time.

“HPS has made changes. But with all these things you can’t make changes overnight. It is a slow process but there have been huge changes.” B Parent

### **6.12.2 External pressures**

While the Principal appointed a designated HPS co-ordinator within the school at the outset, he highlighted that the flexibility and autonomy to maintain this has been affected by external constraints outside of his control.

“When we started out we did have a teacher assigned to a Post of Responsibility for HPS but all these posts are being diminished in schools at the moment – we had a Whole School Evaluation last November and one of

the things the Inspectors said to us was that our post holders should be focussing on curricular areas.” B Principal [2013]

Posts of Responsibility are part of a school’s management structure. They are promotion posts and while there is no exhaustive, definitive list of posts and responsibility duties, traditionally these are decided in school, based on local needs and priorities. Since the economic recession a moratorium has been in place in relation to Special Duties posts and Principals have been advised that existing post holders should focus on curricular areas only.

Whole School Evaluations are inspections conducted by the DES during which the quality of school management and leadership, teaching, learning and assessment, school planning and self-review are assessed. Printed reports of inspections are published and made available on the DES website.

The comments reported above highlight how external forces operated at the school level in terms of HPS implementation. The developments within the DES nationally indicate how some aspects of the work in schools are prioritised over others. At this time the DES was responding to the results of the PISA study of 2009 and highlighting the need for schools to focus on Literacy and Numeracy. These developments clearly have a bearing on the evolution of the HPS Network at the local level. This was strongly reflected in the Principal’s comments in the second interview.

“We have this enormous pressure at the moment on all schools... which all came about because of an OECD report. We have to do more Reading and Writing and Arithmetic, particularly now.” B Principal [2013]

External drivers and the demands and challenges these placed on the Principal were a feature throughout the later period of HPS implementation (2010 on).

“The goalposts are changing so fast in this job... you have to change. If you don’t, you will flounder. It is amazing how much the education system has changed since I started working here, it is a different galaxy.” B Principal [2009]

The Principal particularly highlighted the pressure he felt from increased levels of scrutiny.

“The pressures do count in the sense that ... a teacher has to produce a set of results that have to be presented to your Board of Management, your Parents’

Association,... and I have to send off scores to the DES saying that these pupils achieved the following grades, well that is pressure.” B Principal [2013]

The Principal recognised that accountability and achieving certain standards is required and necessary but identified that in some instances demands may be counter-productive and cause schools and teachers to react in negative ways.

“You have to meet a certain amount of the expectation. We have to supply a certain standard. We cannot just say well this is the school and we do things this way here and you have to send your children to us (because we are the only school in your area) but these pressures are felt as if you could be exposing yourself and the more you expose yourself the more you will curl up I feel.” B Principal [2013]

The Principal emphasised the unremitting nature of self-assessment which was not viewed as an opportunity for reflective practice.

“You are constantly looking at yourself, examining yourself.” B Principal [2013]

Other external forces were identified by other stakeholders. For example, The Coordinator highlighted a particular concern regarding the dominance of technology in young people’s lives today and felt that this impacted on her pedagogy.

“The kids have so much to deal with growing up today as regards technology. It is being hit at them the whole time, texting, tweeting, Facebook and everything, their personal space is invaded the whole time.” B Coordinator [2013]

“A lot of kids can find that (over stimulation by technology) very difficult and (as a teacher) you find you have to be ... you almost have to put on a show or that kind of thing in the classroom.” B Coordinator [2013]

### **6.12.3 Multiple projects**

The Principal reported how commitment to HPS was challenged by the vast array of projects that are offered to schools. The Principal felt burdened by the competing nature of the various

projects when confronting choices over which projects to sign up to and which to prioritise at different times.

“You have lots of things coming in the door, coming at you and lots of things to do... so you constantly need to prioritise what you think is important. HPS competed in the sense that it meant another committee, another teacher taken out of the classroom to meet with children and that is a challenge of it.” B Principal [2013]

Significantly while being interviewed Parent One suggested an expanded role for parents in choosing from the wide range of initiatives and projects that schools could participate in each year.

“A small taskforce of parents from a mix of classes might meet and they would look at all the projects and plan for the coming year and look at where we are at, that sort of thing.” B Parent

This may help to alleviate some of the burden from the Principal if he was willing to accept such assistance.

#### **6.12.4 Time commitment**

One of the key barriers identified by the Principal was the time commitment involved.

“The time involved is the main challenge. Everybody’s time.”  
B Principal [2013]

Part of the Principal’s dilemma around what to prioritise related to the leadership role of principals in general.

“Things emerged and I seemed to always be reacting to a need.”  
B Principal [2013]

Parents also were curtailed from participating due to time constraints as a result of other commitments.

“There are lots of parents who can’t be here because of work commitments.”  
B Parent [2013]

The comment above may relate somewhat to the changing work patterns and family commitments evident in Ireland today where both parents are working with many commuting

significant distances. This curtails the amount of time parents have available to engage in supporting school activities.

### **6.12.5 Parental involvement**

The Principal identified a personal shortcoming in terms of encouraging reluctant or a wider group of parents to become involved or engaged.

“I am great for going back to the tried and tested few (parents) – I mightn’t be great for going outside of a comfort zone really. There is a cohort of parents, a group that I know, that I have worked with, so if you are going to do something you will approach them first.” B Principal [2013]

While overall the Coordinator valued the contribution parents can make, she did point out the impact of one negative experience on the earlier development of the HPS process.

“The Principal would have had a negative experience of parental involvement during the year and would have pulled back on parental engagement on the Working Group. A parent on the committee was trying to drive their own agenda on other issues in the school (Homework Policy) and that was negative.” B Coordinator [2009]

The result of this difficulty was that the parent withdrew from the group and the Principal did not attend the Working Group meetings in the future. However, the Principal continued to support the process but at a distance.

“The Principal pulled back a lot (after that) .... but every meeting is reported to him, even though he doesn’t attend every meeting he knows exactly what is going on.” B Coordinator [2009]

While the repercussions of this conflict had a direct bearing on the participation of both the Principal and a parent, this episode may also have affected this teacher’s openness to working with parents (see Coordinator’s comment on page 169) as in her later interview she now considers that bullying incidents are best dealt with in school.

“If it is left in school these things work themselves out, that’s our experience. When the kids get bigger and parents get involved then they can be more issues.” B Coordinator [2013]



Teacher Two also highlighted that sometimes interactions between home and school can present certain dilemmas both personally and for the school as a whole.

“As regards the healthy lunches, I can’t say to a child –you have to have this. I am not the food police – I don’t want to be in someone’s home.” B Teacher

“We are probably nervous to say things because we could be putting pressure on people and I suppose it is a bit about respect for boundaries.” B Teacher

The Coordinator also recognised similar limitations on school personnel.

“We have taken a stance that while we are stakeholders in the children’s education we are not the ‘primary educators’ and we are definitely not dieticians - and we accept that.” B Coordinator [2013]

The use of the term ‘primary educators’ is significant in the Irish context and does not refer here to primary education but rather to the rights of parents as the ‘primary educators’ of their children which is specially protected under the constitution (Article 42, Bunreacht na hEireann, 1937).

Parent One considered that while health promotion was a shared responsibility, activities in the school could only achieve so much and that further supports have to come from outside of the school.

“You can promote (health messages) up to a certain point and then after that it is either going to take or it is not. Then the influences have to come from outside whether that’s at home or a social group or from church or from sport.” B Parent

While broadly welcoming and supportive of HPS this parent felt that ‘there is always room for improvement’. The parent highlighted that HPS presented challenges in terms of securing parental involvement.

“... lack of interest by the wider parent body. If a certain group of parents take over the project this could act as a barrier.” B Parent

The parent’s comments highlighted something of a paradox with regard to engaging parents. While the parent felt that for the HPS Working Group to be successful it needed to be ‘more inclusive’ at the same time she felt that ‘you would need a particular mix’ of parents to

volunteer to the group. Mirroring in some ways what was said by the Principal previously this parent noted that some parents don't get directly or actively involved.

"I think that there are a lot of parents out there that are either not asked or they won't put their names forward. (Some) don't want to get involved if they see that a particular group's involved." B Parent

The parent feels that the potential of young parents in particular is not being fully exploited.

"Some of the younger parents - we are missing them and they have a lot to offer." B Parent

With regard to getting the whole school involved in HPS, Parent Two felt that it was easier to get the children to participate than parents.

"It is easier to get the kids involved. It is harder to get parents because they are so busy." B Parent

This parent felt that some parents were more supportive of the process than others. However, the parent noted that there were differing levels of commitment to engaging with school initiatives within the parent body.

"You have a group of people who are willing to do stuff than some people are just happy enough to let someone else do it." B Parent

This parent did point out that it is hard for some parents to get involved if places on committees are taken by the same people over and over.

"If the same people stay on (committees and Working Groups) it is not encouraging new people to get involved." B Parent

It should be noted that the parent felt that parents who are less supportive of HPS practices shouldn't be judged.

"I would find it hard to condemn any parents' because you know it is hard to get yourself sorted in the morning.... your first priority is to get them to have a good breakfast and then after that it is so easy to put something in for lunch that is just in a packet." B Parent

Parent Two highlighted how difficulties in maintaining parents' involvement for school activities reflected similar patterns of disengagement in the local community.

“Every committee seems to be having the same difficulty. This year it has been very hard to get parents in... It is hard trying to keep things going.” B Parent [2013]

“It is very hard to bring on new people.... the Community Games (a local committee outside the school) fell apart a bit,... normally for the AGM of the Parents' Association here you would have a huge crowd, this year the meeting was so small... there are so many competing demands.... “ B Parent [2013]

It is notable that parental engagement presents challenges and this is reflected in some of the perspectives shared by the school staff. The Principal qualified the nature of the relationship between parents and Principal and specifically remarked on the need to maintain a professional distance.

“I get on well with the parents but that is something that you do have to balance – getting a balance between parental support and participation and keeping a distance as well (as a Principal). “ B Principal [2013]

The demarcation of professional roles was a view shared by Teacher One who wholeheartedly welcomed a recently introduced formal mechanism whereby parents are now required to make appointments before coming to speak with the teachers.

“I think it is great that we have introduced the appointments system this year and we need to reinforce it.” B Teacher

For this teacher the appointment system appears to have helped overcome uncertainty in relation to interactions with parents.

“Before you could be approached anytime and then there is someone at your door and you don't know if it is about a dental appointment or that you are the worst teacher in the world, of you did this wrong or that wrong.” B Teacher

For this teacher balancing parental demands could at times impinge on her professional role.

“You feel you have to be a ‘pleaser’ nearly, and that is not what I am here for. I am here to teach.” B Teacher

This teacher also illustrated the continuing degree of autonomy individual teachers hold in Irish classrooms.

“You are dealing with your own environment, your own children. I still do what I think is appropriate in my classroom.” B Teacher

While this autonomy may allow a specific need for a class grouping to be targeted and met, it can also mean that individual teachers pursue ‘solo runs’ on particular topics of personal interest which may dilute the whole school approach favoured by HPS.

#### **6.12.6 Lack of collaboration**

With regard to networking with other schools, The Coordinator reported that in the early stages of the school’s participation in the Network there were no opportunities for collaboration and she would have welcomed the chance to share learning and information.

“There hasn’t been any sharing of knowledge with other schools. There aren’t any forums for that and there is no time during school to link to do that.” B Coordinator [2009]

“I would like to know what is going on in other schools because it is hard to get tangible things to use as examples.” B Coordinator [2009]

Teacher Two also was not aware of any linking with other schools around HPS but did deliberate on how this might happen. The teacher could see potential benefits from working collaboratively with other schools.

“I am trying to think how you would link in with another school – you don’t want it to go down a competitive route, like who can get the flag first.... but if other schools are doing it too, like nearby, and you heard about it that would be good so that you could get ideas and share the learning.” B Teacher

This teacher felt that it should be the committees (the HPS School Working Groups) from each school that should link with each other.

While Parent One was aware that other local schools were participating in HPS she provided a description of school collaboration that was largely based on informal and opportunistic contacts.

“Linking does take place but more in a casual atmosphere where I might be standing with someone at a swimming or tennis lesson and talk about HPS and school life with another parent..” B Parent

Parent Two could not identify any examples of the school collaborating with other schools.

“There is no sign of the school linking in with other schools around HPS.” B Parent [2013]

#### **6.12.7 Abstract nature of HPS**

Parent One pointed out that the HPS concept was somewhat abstract.

“Some would say that it (the overall HPS concept) is a little too vague.” B Parent

This ties in somewhat with what the Principal and teachers expressed in regard to having a clearly defined structure and goal for HPS. The Coordinator felt that a curricular mandate would strengthen HPS implementation and that teachers would comply more readily with the process in that context.

“It would be wonderful if HPS had its own curriculum and a curricular mandate and then everyone would say yes that is what we have been doing.” B Coordinator [2013]

“We are so curriculum driven that if we are handed a lesson to do and that will meet whatever requirements are expected of us (then we will do that).” B Coordinator [2013]

The Coordinator suggested particular supports were needed.

“Having something like a resource pack would be good.” B Coordinator [2013]

The need for a specific resource was presented in terms of the demands on teachers to fulfil curricular expectations and so a delineated process would be welcomed by the teacher.

It should be noted that because this school participated from the beginning of the development of the HPS Network, it experienced the process as it was emerging. The HPS Partnership was developing in the hiatus created by a lack of national direction regarding HPS and consequently the structures and supports were being created simultaneously with the

initial schools involved helping greatly to inform the development of appropriate resources and providing suggestions and recommendations regarding defining clear steps in the process and potential accreditation mechanisms. While School B contributed to the development and evolution of the process regionally, at the same time the lack of a definitive step-by-step guide on a particular route to take with HPS, and a formal recognition mechanism which could be used to measure progression, was keenly felt. The Coordinator considered an external validation or accreditation apparatus would acknowledge the work the school does on HPS and support the further development of HPS.

“A curriculum on HPS would drive it further,... with the curriculum being geared towards (an) award, that positive driving would help. ” B Coordinator [2013]

#### **6.12.8 Student participation on HPS Working Group**

In terms of student engagement, Parent One pointed out that attention needed to be paid to the composition of the school’s HPS Working Group.

“I think it is good for children to get involved at particular ages so long as it is appropriate for their age. Some of the kids (in the HPS Working Group) are too young.” B Parent

Initially the children who participated on the school’s HPS Working Group were drawn from Fifth and Sixth Classes (10-12 years of age). However, the school had a very successful Green Schools Committee (a concurrent programme with an environmental focus) which comprised of students from all year groups – 4 to 12 years of age) which was working very effectively. After three years involvement in the HPS Network the school’s HPS Working Group decided to try and broaden the membership of the HPS Working Group to include the younger children and this posed challenges particularly in the context of the sensitive nature of the material being focussed on in Action Plans, that is, mental health, social and emotional needs of pupils etc.

#### **6.12.9. Discussion of the barriers and challenges identified by school community**

The Principal welcomed the introduction of HPS wholeheartedly and was keen to lead the process particularly in the initial years of the project. Although endorsement from senior members of staff is vital for the successful introduction and implementation of HPS (Denman et al., 2002) the Principal’s over enthusiasm and desire to maintain control may

have limited opportunities for others to influence or effect change. While the Principal's endorsement added credibility to the project at the outset, it is clear that the professional role of the Principal and teachers came to the forefront at times in School B (for example, Principal emphasising the need to maintain professional distance from parents, introduction of appointment system presented by teacher as a defence mechanism).

Parental involvement in HPS was not straightforward for School B. The Principal acknowledged some personal shortcomings with regard to engaging parents more widely, instead identifying how he commonly relied on a 'trusted few'. The disagreement between the Principal and a parent on the priorities for HPS led to the parent stepping down from the school's Working Group. Subsequently the Principal also withdrew from the group. While the Principal was able to remain informed about the progress of HPS implementation he reported feeling that he could have contributed more.

Parents themselves highlighted how the changing social context exerted pressures which impinged on their ability to support school initiatives such as HPS. Societal changes such as; parents' work commitments, increasing commuting distances and so forth, limit the amount of time parents have available to participate. Stakeholders in School B reported that this lack of engagement reflected the more widespread decline in voluntarism in society more generally and provided examples of voluntary groups in the community experiencing similar difficulties in recruiting members.

A number of external pressures were identified by stakeholders in terms of barriers to HPS implementation. These ranged from government policy directions (DES prioritising Literacy and Numeracy, increased administration and reporting requirements) to societal changes (more families with both parents working, dominance of technology in modern culture etc). While participation in the HPS Network is entirely voluntary this was viewed in some ways as an impediment in that the lack of a curricular mandate for HPS was identified as a barrier.

In terms of collaborative working within school, positive relationships have been identified as a prerequisite for HPS (Denman et al., 2002). In the pilot study, the Principal of School B had identified HPS as a vehicle to develop positive relationships while at the same time recognising that partnership working would be demanding: "the experience of working collaboratively with HPS is great, but challenging." Stakeholders in School B identified a lack of opportunities for collaboration as a deficit in terms of implementing HPS.

The stakeholders discounted somewhat the obvious partnership engagement required on the school's Working Group and its subsequent Action Plans with many identifying a need for clearly demarcated boundaries regarding roles (for example, Teacher highlighting individual autonomy in her classroom, Parent questioning age of children on Working Group, Principal maintaining distance). According to the views expressed, more opportunities for collaboration with other schools would have benefitted the process.

### **6.13 Benefits of engaging with HPS**

Stakeholders in School B were able to identify many gains from their involvement in the Network. For Parent One there was tangible evidence of developments as a consequence of the school's involvement in HPS.

“The evidence is there like in the bike rack outside. Nearly all the kids now walk (or cycle) to school whereas before the parents were all driving them up here.” B Parent

Similarly, the Principal pointed to physical evidence of the school's efforts to promote health.

“The Bicycle Shelter, the Golden Boot for the class that uses the most eco-friendly methods of travelling to school, the school garden, developing the two playing pitches....” B Principal [2013]

Teachers highlighted how these benefits might be further built upon.

“I do feel teachers' wellbeing should be up there along with the children's because if we are not supported then where are you going.” B Teacher [2013]

### **6.14 Summary of School B in terms of the elements of a HPS**

In this section the findings from School B are broadly summarised under the four elements of the HPS approach (environment, policies, curriculum and partnerships). The full list of the criteria which are encompassed within the four elements of HPS is provided in **Appendix IV**.

#### **6.14.1 Environment**

With regard to the school environment, the criteria for HPS indicate that for a school to be a HPS there should be evidence that it is committed to enhancing the physical, social and psychological aspects of the environment (IUHPE Guidelines and Protocols for HPS, 2007). During the pilot for this study stakeholders identified how the school had enhanced the



physical environment by parents and teachers working together. For example, playground markings were developed, Healthy Noticeboards were placed around the schools which displayed health promoting messages commonly based on children's own work during class time. At the time of the data collection for this doctoral study, school stakeholders further identified the bicycle shelter, school garden and playing pitches as health promoting additions.

The community at School B was not only committed to enhancing the environment but also adopted a comprehensive approach when implementing HPS. This ethos was strongly influenced by the Principal who was very enthusiastic about the HPS initiative. The Principal supported the process from the outset which ensured effective consultation with the whole school community. Good communication was maintained in regard to HPS via the school website, regular newsletters home and updates of ongoing developments presented to the Parents' Association. Pupils were provided with numerous opportunities to participate in and influence the HPS process through involvement on the HPS Working Group and more widely through engagement with HPS activities. These activities and most particularly the identification and pursuit of actions related to developing the Social and Emotional Needs of Children, promoted the self esteem of pupils and provided them with the chance to experience a sense of achievement and belonging which according to the IUPHE Guidelines (2007) are key characteristics of an HPS.

#### **6.14.2 Policies**

While many school policies can be health related it was clear in the pilot study that this was not a key area of focus for the Principal. He had said at the time "policy puts another job with the process". The development of a written overarching HPS policy was never placed on the agenda of the HPS Working Group meetings or at any other formal meetings of school stakeholders (staff meetings, Parent Association meetings etc.) during the school's involvement in the HPS Network. However, a wide range of school policies which related to HPS (Child Protection, Stay Safe, Code of Behaviour, Anti Bullying etc.) were reviewed and / or developed during the period of the school's engagement with the project. These developments were in line with nationally mandated DES guidelines and at the same time were compatible with HPS principles, which advocate whole school approaches. The Principal did exploit the opportunity to appoint a teacher to a dedicated Post of Responsibility for HPS while this was available to him but as was evident from the Principal's and

Teachers' comments above this freedom is increasingly being curtailed by demands from the DES for schools to focus more on solely curricular issues.

### **6.14.3 Curriculum**

School B has a stimulating and well-balanced health education curriculum. It incorporates specific programmes that provide opportunities for children to develop knowledge and skills to make choices and decisions appropriate for their age and stage of development. These sorts of programmes are hallmarks of HPS (Parsons et al, 1996). The implementation of the curriculum in School B fits with the direction by the DES that SPHE should be a discrete subject in its own right, integrated across the curriculum in the context of a supportive environment (SPHE Guidelines – Primary School Curriculum, DES, 1999). However, it is also clear from stakeholder accounts that maintaining the focus and the comprehensive approach to SPHE is challenged by competing demands from other subject areas and projects being implemented in the school (Literacy and Numeracy, Green Schools initiative).

### **6.14.4 Partnerships**

In terms of external partnerships, the school demonstrated an openness to working with partners on numerous occasions. For example, the school linked with other schools in the area to make arrangements to attend the Launch of HPS Network, engaged in Cluster Meetings – though it is acknowledged that such structures for collaboration were not to the fore in the initial work of the HPS Partnership – and hosted the DES Summer School on site. The Principal was involved in the IPPN Network (formal Principal Network) and demonstrated a willingness to engage with specialist services when appropriate – Community Dietician around Healthy Eating, local Teacher Training College for teaching and learning resources, local Education Centre around Information Technology and digital photography, child psychologist for general mental health awareness raising. These interactions were in addition to the many other services with which School B engages with, which also promote different aspects of children's overall development on a day-to-day basis.

### **6.15 Summary of the key points from Case Two**

The perceptions of health by members of the school community were largely quite broad with a slight bias towards viewing health in terms of physical health. The breadth of activities in which the school engaged and the focus of the school's Action Plans on social and emotional health reflected the Principal's commitment to promoting the holistic development of children and addressing all aspects of their needs. Staff, parents and pupils stakeholders all

indicated an awareness of health that went beyond the biomedical view (that is, that health is not just the absence of illness) and highlighted the need for consistent messages to be given to children at home and at school.

In terms of the supports for the implementation of HPS the following factors were considered important in this school community:

### **The Principal's role as a champion for the project**

Principals have a pivotal role to play in the introduction and advocacy of any new initiative in a school and in School B the Principal was viewed as enthusiastic and supportive in relation to HPS.

### **A willing school community**

Many of the stakeholders in School B reported that there was a strong degree of openness and motivation at the early stages of the project and this supported the introduction and adoption of the process. Teachers reported that previous awareness and engagement with HPS further supported implementation.

### **Assignment of School Co-ordinator**

The Principal appointed a teacher to a Special role of Responsibility for HPS and this ensured another advocate for HPS was present in the school. This was important particularly when the Principal stepped down from the School's Working Group and contributed to stability in the implementation of the process.

### **Being involved in the Network**

The Principal valued participating in the Network, viewing it as an independent and objective source of support (it was not the DES). However, it should be noted that other members of the school community reported that there was little or no collaboration with other schools in the Network and that this would have been welcomed.

### **The breadth of activities**

The sheer scale of activities in which the school became engaged in order to promote the school community's overall health offered a range of opportunities for stakeholders to get involved.

### **Linking activities to other objectives**

Many of the actions worked on as part of HPS were explicitly linked to actions that the school was working on for other projects, for example, making smoothies using a bicycle linked to Science Curriculum, travel surveys linked to Green School agenda.

### **Developing strong links between home and school**

Good communication and encouragement for parental participation were highlighted as factors which contributed to the successful implementation of HPS in School B. Frequent consultation and the provision of opportunities to directly participate in directing activities in the school supported children's active engagement and ensured that their voices were influential in the HPS process.

In terms of the barriers and challenges to the implementation of HPS in School B the following factors were identified by the stakeholders:

### **The leadership style of the Principal**

A teacher in School B reported that Principal as very 'hands on' and the need to balance support with the provision of space for the Working Group was difficult for School B. When the Principal stepped down from the Working Group he maintained contact indirectly with the activities of HPS though he felt he should have done more around the structures of the meetings.

### **External forces**

A range of external factors had a bearing on the implementation of HPS in School B. Increasing pressures from the DES to focus on Literacy and Numeracy and requirements to administratively record data on pupils were identified by the Principal and teachers. The ubiquitous nature of technology was identified by teachers and parents as a threat to the messages and principles promoted in HPS.

### **Lack of external validation**

Some members of the school community reported that because HPS is entirely voluntary it lacked the clout of a curricular mandate. In addition, the absence of a formal accreditation process was seen as a deficit in that the hard work of the school community was not given its due credit by being subjected to a quality assurance process.

**Competing demands**

Teachers and parents were aware that the implementation of HPS had to contend with the competing demands from other aspects of the curriculum and also with the various agendas of multiple projects which sought space in an all ready over-burdened school day. Although HPS was well regarded in the school community some stakeholders reported that at times its implementation was sporadic.

**Time commitment**

The single biggest barrier to HPS implementation was identified as the time commitment involved. The release of staff members and removing children from class during the day to engage in planning for HPS was a challenge for the Principal. Difficulties in recruiting parents were also related to the time commitment involved.

## **Case Three: School C**

### **6. 16 Thumbnail profile of school**

This outline describes School C under the following headings; location, ethos, pupil and staff numbers, school facilities, social information and the Principal, in order to provide the reader with a brief opening snapshot of the context for this case.

#### **6.16.1 Location**

This primary school is located in a large market town (the largest in the county, with an urban population of approximately 5000 [2011 Census], however, the population has grown beyond the traditional town boundary – which is due to be redefined shortly – and current estimates calculate the actual town population to be nearer to 11,000. This town serves a wide hinterland and is located approximately 40 minutes from Limerick City. School C is situated in a central location adjacent to the local fire station and the library.

#### **6.16.2 Ethos**

School C is an all boys primary school that aims ‘to provide a caring learning environment that facilitates the nurturing of each pupil’s potential’ (school website). The school’s description of its philosophy also emphasises that teachers and parents are partners in the children’s education and highlights the need for good communication between home and school to enable this partnership to flourish.

#### **6.16.3 Pupil and staff numbers**

At the initiation of the HPS project the school had an enrolment of approximately 220 taking pupils from 4 – 12 years of age. The school has 23 staff, nine of which are mainstream teachers. Other members of staff include a school secretary, caretaker, one specialist teacher for children with mild learning disabilities, a Speech and Language therapist, six Resource teachers and three Special Needs Assistants. Four members of staff are male.

There is a special class for children with mild learning disabilities and a unit for children with speech and language disorders within the school. These units serve as a hub for children in the wider area not just for those attending School C.

#### **6.16.4 School facilities**

Although the school is over 120 years old, the buildings are well maintained and classrooms are spacious and bright. The school is well resourced having interactive whiteboards in every classroom and pupils have access to computers and laptops.

The school has access to some hard surface play areas which are separated by age group. However, these can become quite congested at break times and while the provision of amenities externally is adequate, there is limited scope for extending the site due to the nature of adjacent buildings and developments.

The school has a large hall for PE which is well stocked with equipment and sporting resources. This hall is also used for an annual Christmas play which is well regarded in the local community.

#### **6.16.5 Social information**

Pupils in the school come from diverse socio-economic and ethnic backgrounds. Children from a range of households; business and tradespeople, immigrants, members of the traveller community, professionals, the unemployed etc. are all represented in the school community. In addition, children from the hinterland, traditionally from families of farmers of mainly small to medium-sized landholdings, are enrolled in the school. The school has an active Parents' Council many members of whom also served on the school's HPS Working Group.

#### **6.16.6 The Principal**

The school Principal during the project period was female and is categorised as an Administrative Principal for DES purposes. This means she has no prescribed teaching duties. The Principal was a teacher in the school for almost 18 years prior to becoming the Principal. The Principal was in post for four years when the school was approached to participate in the Health Promoting Schools Network.

The Principal has a specialism and had worked in the area of Special Needs for a number of years and this contributed strongly to this school placing a strong focus on educational provision in this area. The Principal is from the local area and lives nearby.

## 6.17 HPS Network Participation

School C's involvement in the HPS Network is summarised in the timeline in Figure 6.13.

Note that items in red coloured font denote wider developments in which the school was involved / participated.

**Figure 6.13: Timeline of School C activity in relation to HPS Network (2006-2013)**

DATE	PHASE
	<b>Introduction and Consultation Phase</b>
Early Spring 2006	<ul style="list-style-type: none"> <li>Letter of invitation to join Network sent to Principal.</li> </ul>
Spring 2006	<ul style="list-style-type: none"> <li>Initial meeting between TWG members and Principal. TWG outline what is involved in process and introduces the Engagement Form (which details what the HPS Partnership will do and what is expected of the school).</li> </ul>
Spring 2006	<ul style="list-style-type: none"> <li>Meeting between TWG and school staff. TWG outline what is involved in process, take questions and seek volunteers to represent staff on HPS School Working Group.</li> </ul>
Late Spring 2006	<ul style="list-style-type: none"> <li>Briefing meeting for parents facilitated by TWG. TWG outline what is involved in process, take questions and seek volunteers to represent parents on HPS School Working Group.</li> </ul> <p><b>Note:</b> Principal of School D also attended this meeting and parents from School D (the Girls School in the area were invited to attend as there is considerable overlap between the parent bodies of both schools.</p>
Early Summer 2006	<ul style="list-style-type: none"> <li>Resources to introduce concept of HPS to pupils sent to teachers.</li> </ul>
Autumn 2006	<ul style="list-style-type: none"> <li>Resources re-sent to school (Lesson Plans to introduce HPS concept with schoolchildren)</li> </ul>
	<b>Formal Launch of the HPS Network</b>
September 2006	<ul style="list-style-type: none"> <li>Invitation to launch sent to school community.</li> </ul>
October 2006	<ul style="list-style-type: none"> <li>Formal Launch of HPS Network by Minister of State</li> <li>Representatives of School C attended the launch</li> </ul>
	<b>School Working Group: formation, training and development</b>
March 2007	<ul style="list-style-type: none"> <li>Establishment of School Working Group on HPS.</li> </ul> <p>Pupils identified by range of means (selection by class teacher/ name pulled from a hat / volunteered etc)</p> <p>Parents selected and invited by Principal and teacher.</p>



	Principal representing staff (although it should be noted another member of Working Group is a member of staff but participating in capacity as representative for parents).
	<ul style="list-style-type: none"> <li>● First meeting of Working Group facilitated by TWG <b>Note:</b> no link person / School Co-ordinator nominated</li> </ul>
Summer 2007 to Autumn 2009	<ul style="list-style-type: none"> <li>● Numerous attempts made to engage the school in HPS (Telephone calls, emails, school visits)</li> </ul>
Autumn 2009	<ul style="list-style-type: none"> <li>● School approached a final time to seek explanation for lack of involvement which resulted in Principal asking for support around the development of a Healthy Eating Policy in the school.</li> </ul>
Winter 2009	<ul style="list-style-type: none"> <li>● Reactivation of School's Working Group Link person (member of staff) appointed</li> </ul>
	<b>Action Plan preparation and development</b>
Early 2010	<ul style="list-style-type: none"> <li>● Identification and agreement on Action Area. The Working Group chose to focus on developing a Healthy Eating Policy and strategy. Action Plan for Healthy Eating provided in <b>Appendix XVII</b>.</li> <li>● TWG briefed Working Group on Healthy Eating Policy development One sub-group of School's Working Group completed school survey of school community's eating patterns and another sub-group began developing draft policy.</li> </ul>
Spring 2010	<ul style="list-style-type: none"> <li>● School Working Group meets to consider findings from survey and adapt policy to target areas needing attention.</li> <li>● Draft policy agreed and circulated to school community for consultation</li> </ul>
Late Spring 2010	<ul style="list-style-type: none"> <li>● Policy redrafted to reflect consultation suggestions</li> </ul>
June 2010	<ul style="list-style-type: none"> <li>● Healthy Eating Policy ratified by Board of Management</li> </ul>
Summer 2011	<ul style="list-style-type: none"> <li>● 4 members of staff participate in <b>HPS Summer School for Teachers</b> held in local Health Promotion Centre</li> </ul>
Autumn 2010	<ul style="list-style-type: none"> <li>● Working Group prepares for formal launch of Healthy Eating Policy with school community</li> </ul> <p><b>Launch of Healthy Eating Policy</b> (reported on in <b>Bí Folláin Newsletter</b> which is circulated to all primary schools in Ireland)</p> <ul style="list-style-type: none"> <li>● Whole school community attend launch – all food and refreshments made by pupils in school facilitated by parents and class teachers – most of the food provided by local shopkeepers and grocers.</li> </ul>
Winter 2010	<ul style="list-style-type: none"> <li>● School hosted <b>Workshop on Cyberbullying</b> held for interested parties locally (parents from other schools, coaches in various sporting clubs etc)</li> </ul>

Spring 2011	<ul style="list-style-type: none"> <li>● Meeting of Working Group to review activities. Emotional Literacy chosen as next Action Area.</li> </ul>
Autumn 2011	<ul style="list-style-type: none"> <li>● Coordinator requests TWG to make presentation to whole school staff to engage them with next HPS theme</li> <li>● Interactive workshop outlining HPS journey so far, how and why Emotional Literacy was chosen, input on understanding behaviour and exploration of each staff member's role in supporting the proposed theme</li> <li>● Identification and induction of new members of School HPS Working Group and development of Action Plan. Summary of Action Plan provided in <b>Appendix XVIII</b>.</li> <li>● Teachers introduced Emotional Literacy theme in lesson plans. Worksheets and suggestions and tips sent to parents to further embed messages.</li> <li>● Emotional literacy placed on the agenda of each staff meeting and activities discussed</li> </ul>
Spring 2012	<ul style="list-style-type: none"> <li>● Colour Logs used by whole school community</li> </ul>
Summer 2012	<ul style="list-style-type: none"> <li>● Revision of Code of Behaviour</li> <li>● Workshops held with staff and parents and consultation opportunities provided to whole school community</li> <li>● Planning for Anti Bullying Week in September</li> </ul>
September 2012	<ul style="list-style-type: none"> <li>● Induction of new pupils to Schools HPS Working Group</li> <li>● Organisation of activities for Anti Bullying Week</li> <li>● Anti Bullying Week held and reviewed by HPS Working Group – overall week went well but feeling of the group was the opportunity had not been exploited fully – focused more on in-school rather than using occasion to engage with parents more</li> </ul>
Winter2012	<ul style="list-style-type: none"> <li>● <b>Cluster Meeting</b></li> <li>● Principal and School's HPS Coordinator attend</li> </ul>
Spring 2013	<ul style="list-style-type: none"> <li>● School's HPS Working Group oversee the school's self assessment of its HPS Action Plans in preparation for submission of application to HPS Partnership for HPS recognition.</li> </ul>
Late Spring 2013	<ul style="list-style-type: none"> <li>● School C recognised as HPS by HPS Partnership</li> <li>● School's HPS Working Group prepare Celebration Day with support of TWG and local community</li> </ul>
Summer 2013	<ul style="list-style-type: none"> <li>● <b>Celebration Day</b> held – received widespread media attention in the area as this was the first school in the Midwest to receive formal accreditation as a HPS (children interviewed on local radio, newspaper reporting etc)</li> </ul>

Autumn 2013	<p>A range of activities were arranged for the day which had health focus and nearly all of the school community (staff, pupils and parents) engaged in some way. Formal launch of School's HPS Flag officiated by local rugby hero and many local stakeholders attended (sports clubs, youth club, Scouts, Gardai etc.)</p> <ul style="list-style-type: none"> <li>● Revision of Relationships and Sexuality Education (RSE) Policy - suggestions made at School's HPS Working Group brought to attention of Policy Review Committee and informed development of new policy.</li> <li>● <b>School participates in research</b> School representatives (staff, pupils, parents) participate in doctoral research</li> </ul>
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The school continues to be part of the HPS Network and is currently working on renewing its HPS status.

One of items of note in the timeline for School C is the long gap between the initial point of contact with the school (Spring 2006) and its activation of the HPS process (Winter 2009).

While this researcher and another TWG member had been involved in the early stages of the consultation with School C, the school appeared very enthusiastic about becoming engaged with the Network (this was evidenced in its welcoming other stakeholders from the Girl's school in the area to participate in some of the developmental activities for HPS and by the representation of School C at the formal Launch of the HPS Network in late 2006).

Subsequent to the Launch, interest in the project appeared to wane and this was only fully identified following numerous efforts to engage the school further over the subsequent two years by other members of the TWG. In hindsight it may have been useful for the TWG to initiate some formal exploration of where any resistance was coming from (for example Lewin's Force Field Analysis exercise) as one way of progressing the project.

While the reason for the delay was never fully explained, this matter was discussed in detail at TWG meetings. The consensus view of the group was that some members of the school community may have wished for particular members of the TWG to act as their liaison with the Network and when these were not available this contributed to a lack of interest from the school. The TWG felt that a hierarchical judgement of personnel may have had a bearing on

the school's willingness to engage. Statham (2011) points out that professional stereotyping and different professional beliefs can pose challenges for those working in partnership and can lead to hierarchies developing within groups. For example, partners may place various values on differing levels of qualification and experience. Statham (2011) suggests that to counteract this, sufficient time be given to develop trust and strong relationships between stakeholders. This may be important for those hoping to initiate interagency work with schools to bear in mind, particularly if they work in a non educational agency or organisation.

It is noteworthy to point out that when School C learned that their liaison person had successfully developed a Healthy Eating Policy with a neighbouring school they began to engage with the process and felt secure in choosing this as the first Action Area for their school to work on.

Despite the staggered start, this school fully committed to HPS and would become the first school in the HPS Network in the Midwest region to receive formal recognition of its HPS status.

## **6.18 Perceptions of health and the Health Promoting School concept**

The next section presents the perspectives of various stakeholders from the school community – pupils, the Principal, staff and parents – of health and of their experience of participating in the development of HPS.

### **6.18.1 Children's perceptions of health**

The children's perspectives in School C were collected through a structured focus group with pupils. Most of the pupils who participated in the focus group were or had been members of the School's HPS Working Group (5/7). The first theme explored in the focus group asked pupils to discuss what being healthy means. The pupils were asked to jot down on post-its the first things that came to their mind when they thought about being healthy. Figure 6.14 represents their responses.

**Figure 6.14: Responses of Pupils from School C on what it means to be healthy**



It is clear from Diagram 22 that the young people have a broad conception of health. Healthy living and keeping your body healthy through Healthy Eating and Exercise were mentioned by all of the participants. Mental health, friendship and family relationships were also emphasised by the group. Minding pets and getting enough sleep were further identified as part of an overall healthy lifestyle.

#### **6.18.2 How the school promotes children's health according to the children**

The children were asked to consider what the school does that promotes their health or which helps them to be healthy. Their responses are collated against the four elements of a Health Promoting School; Environment, Curriculum, Policies and Partnerships in Figure 6.15.

**Figure 6.15: How School C promotes child health according to the children**

<b>ENVIRONMENT</b>  Football and hurling training Soccer Food tastings Fruit eating encouraged Anti Bullying week Posters promoting health Friendships Drama Enthusiastic teachers Teachers as role models	<b>POLICIES</b>  Anti bullying policy Strong 'Tell' Culture
	<b>CURRICULUM</b>  PE Food Pyramid
	<b>PARTNERSHIPS</b>

**Note:** the pupils in this Focus Group did not reference any partnership elements of HPS (that is, between home and school or with external agencies).

The boys particularly mentioned that the school promoted physical activity but also indicated an awareness of risks involved when engaging: “it could hurt you, you could get injured.” However, they objected to certain health and safety restrictions being put in place: “Teachers wouldn’t allow you to touch the snow so you can’t have a snowball fight.”

The pupils highlighted the many opportunities there are for food tasting and that Healthy Eating is strongly advocated [the school had engaged in Food Dudes Healthy Eating Programme recently. However, the school had developed a formal Healthy Eating Policy and no member of the group mentioned this, even though over half the group had been involved in its development]. The culture of healthy eating had influenced one member of the group to change his eating patterns: “Before I came to Ireland I didn’t eat fruit that much but when I see everyone bring fruit for their lunch everyday then I started it like three or even four fruits in a day.” One pupil, however, reported that he ate more fruit at home than at school: “At home when I am a little bit peckish I would eat fruit but not so much at school.” Pupils did express preferences in relation to consuming fruit: “I eat mostly apples,” and “I prefer fruit in smoothies rather than eating them whole.”

The pupils mentioned the school's Anti Bullying Week and reported positively on the activities. The use of good quality visual displays was highlighted as important for the members of the Focus Group. They specifically mentioned the posters promoting key Anti Bullying messages which had been developed by younger school pupils: "Fourth class made the posters and they were very good" and "I saw the posters up around about and I thought it was good." One member of the Focus Group had helped to enhance the younger years' work (had some computer graphic design skills) and this had: "tidied the posters up and made them look proper." The main message the children highlighted from the Anti Bullying Week activities was the significance of friendship: "Caring about your friends is important" and "Being kind to each other."

The group reported that the school did not do many lessons specifically on health but identified that the Food Pyramid had been covered many times during their school years. The pupils felt that some teachers were more focussed on promoting health than others: "some teachers do PE every day;" "the resource teacher does exercises like What is your perfect day," "Some teachers only give you a short time to eat your lunch," while others role model behaviour: "Mr. X is a marathon runner" and they follow his exploits in training regimes and races.

The group felt that: "the school is very good on drama" and this usually involves significant engagement from 5<sup>th</sup> and 6<sup>th</sup> Classes (from which most of the Focus Group members were drawn).

### **6.18.3 How does home promote health?**

The pupils reported that families are mixed at promoting health or giving specific messages about health. Significantly the key aspect of health that is important in terms of family health that was mentioned by the pupils was mental health. When asked to identify who is responsible for promoting children's health the pupils felt that it was a shared responsibility: "between yourself, your parents, teachers and the Principal", all of whom were mentioned. The group was divided on who holds most responsibility.

### **6.18.4 What more could be done?**

Pupils were asked for suggestions about what more could be done in the school to promote health. Many of the suggestions focussed on promoting physical aspects of health which differed from the emphasis in the opening section of the Focus Group, which was broader in its scope. While contributions recommended having a playground and increasing the size of

the yard, the pupils were aware of the physical limitations of the school site. The school is bounded by the crèche and swimming pool and “someone else owns the land on the other side”. They would like to see a separate space allocated for soccer and suggested “draining out the back field” to make this possible. They would like more time on the yard and suggested extending the time allowed for small break. Pupils also felt that more activity would be encouraged by the provision of toys other than just basketballs and a soccer ball. Suggestions such as table tennis and non sport activities for indoors were put forward and two pupils thought that some afterschool activities should be free.

In terms of improving Healthy Eating, the pupils felt that the school was already doing a lot in this area but did provide some suggestions: “more free fruit given out;” “taking time to eat your lunch instead of rushing it;” and “have a cafeteria with healthy food.”

There were mixed opinions on whether or not there should be more lessons about health in school. One pupil suggested that there should be no school on Fridays but this was vociferously objected to by the rest of the group.

#### **6.18.5 Adult perspectives on health and the implementation of the HPS process**

Quotes from interviewees from School C are in inverted commas, with longer quotes designated by the Letter C followed with the representative role the participant has in the school, that is, Principal, Coordinator, Parent, Teacher.

While the Principal understood that the HPS Network involved collaboration between the DES and the HSE, and was aware that the initiative had been influenced by programmes in Europe and further afield, she did note that her knowledge of the theory and evidence underpinning HPS was limited at the beginning of the process. The Principal described her understanding of HPS as ‘promoting health in all its forms’ and stated that the philosophy and principles of HPS fit well with School C as ‘the holistic development of the child is part of our core ethos and mission’. The Principal was clear about why she felt School C was approached to participate in the initiative.

“Our school was invited to join the Network because we are one of the bigger schools in the area and we would have had a reputation for taking on new things.” C Principal

The principal had a very positive experience engaging with HPS ‘I loved doing the process’ and felt that “it put a structure on a lot of what we were doing informally.”



“... although the school had a Healthy Eating policy prior to HPS it wasn’t implemented or formalised in any way, and ‘respect and being respectful’.... was never really talked about ..... or named .... never acknowledged before HPS.” C Principal

The teacher who took on the role of HPS Coordinator also highlighted that she did not know much about HPS at the beginning of the school’s involvement in the Network.

At the time of being assigned to the role, the teacher did not have any special interest in the post but rather was ‘appointed on the basis of seniority’, which was the system operating in the school. The Coordinator clarified how she had come to be appointed to her role.

“All subject areas have a facilitator in our school and it was as a specialist for SPHE that the Principal asked me to take on the role of the school’s HPS Coordinator.” C Coordinator

The Coordinator demonstrated a broad understanding of the elements of a HPS and the principles underpinning it at the time of the interview.

“We have done policies, Healthy Eating, Anti-bullying and Child Protection work, for example; we have integrated initiatives as part of the SPHE curriculum and we have involved other schools in workshops and talks and so on.” C Coordinator

It should be noted that although the teacher did not mention work on the Physical Environment, the school did carry out actions in this area (Message Boards throughout the school, Poster competitions which were displayed in classrooms etc). The teacher indicated that she felt she had a bias towards the curriculum element of HPS.

“Maybe the curriculum [element] has dominated and in particular SPHE because that is my area so it is something close to my heart.”  
C Coordinator

The Principal spoke to the Coordinator about a few possible areas the school might work on as part of HPS, specifically mentioning Healthy Eating and that the Community Dietitian had been in contact to say that the HPS Network was available as a resource. According to the Coordinator this influenced the focus of the school’s first Action Plan for HPS.

“So we chose Healthy Eating as our theme and that was the start of it.”

C Coordinator

The other teacher interviewed in School C also reported that she had no idea how the school came to be involved in the HPS Network; she “assumed that the health board had contacted the Coordinator or vice versa and that was how it came to the school.” The teacher understands HPS “as being about body and mind so it would not just be a focus on physical health” and identified the Coordinator as the source of information with regard to HPS implementation.

“My awareness of HPS in the school was mostly through the Coordinator when she took on the role of SPHE Coordinator.”

C Teacher

The parents interviewed in School C reported that they had no knowledge of the HPS concept or that the school was a member of the HPS Network.

“When I went in to this I was quite ignorant [about HPS] to be fair.”

C Parent

One parent “presumed that HPS came through advertisement literature coming to the school.”

“I imagine probably firsthand the news comes to the Principal... it must have been from Health Promotion in the HSE and the Department of Education would have been involved.”

C Parent

The parents demonstrated good knowledge of what the school had focussed on during the implementation of HPS. According to one parent HPS:

“tries to improve the lives of pupils and teachers and parents through Healthy Eating and socialising so the whole life is considered – to improve it for everyone”. C Parent

And another parent:

“The first cycle looked at Healthy Eating – that is most vivid in my mind... the most recent one [Action Plan] was around social behaviour – we looked at the Code of Conduct and the emotion journals, cyberbullying - there was a workshop for parents on that.” C Parent

One parent emphasised that there was a big drive on Healthy Eating to begin with and that the school communicated well with home in relation to this.

“Parents received notes home on the Healthy Eating Policy and they always mention it at the start of the year in their opening newsletter.” C Parent

The other parent mentioned additional areas of action which focussed on health.

“They are very big into exercise, they really encourage physical activity; they have been covering bullying - my son has mentioned that they do the Stay Safe programme and they had to bring homework sheets on that home.” C Parent

The teacher felt that there was “a great push initially” in relation to HPS implementation and emphasised the cyclical nature of introducing projects to the school: “there is an ebb and flow” to these things “it wanes and you have to give it a push again”. The teacher indicated that HPS implementation would have to compete with other priorities that emerged at different times, “Something else takes the attention for awhile.”

The teacher reported that while HPS was important it wasn’t always the priority and for it to remain in the foreground it had to be tied to a very obvious focus of activity.

“Promoting health in school is important but I don’t think it is at the forefront, unless we are doing some initiative like say Anti Bullying Week.” C Teacher

#### **6.18.6 Discussion of the school community’s perceptions of health**

Pupils in School C hold a broad understanding of health. While there is an emphasis on defining health in terms of Healthy Eating and Physical Activity, pupils also highlight Mental Health, Sleep, Friendships and Family Relationships as important.

When describing how School C promotes their health the pupils focussed most on the Environment element of HPS, highlighting topics which were the subject of Action Plans during the implementation of the HPS process. Pupils did not provide any evidence of partnership working in the school and reported that the school was somewhat weak in integrating health promoting lessons within the curriculum. The pupils identified specific teaching staff that proactively engaged and encouraged health promotion in the school but indicated that there was a spectrum in the degree of support from the wider teaching body.

While pupils clearly described the various health promoting activities in school, they were less specific in relation to how home life promoted health. During the Focus Group discussion, mental health and the quality of family relationships were highlighted as important.

Pupils felt that promoting their health was a shared responsibility and this reflects the curriculum, which states that this shared responsibility is a key characteristic of the overall SPHE programme:

SPHE is a shared responsibility.

Parents, teachers, health professionals and members of the community all have a responsibility for the social, personal and health development of the child. Their contributions and involvement will be essential to the effective implementation of the SPHE programme in the school.

(SPHE Teacher Guidelines DES, 1999)

All of the adults in School C reported that they had little knowledge of the formal concept of HPS, although they reported thoroughly on the Action Plans initiated in the school. HPS implementation for adults focussed largely on these Action Plans.

As the clear emphasis of HPS in School C was on implementing Action Plans this highlights the need for HPS to attach itself to a clear focus such as the development of a Healthy Eating Policy or the hosting of an Anti-Bullying Week. These will serve to embed policies and practices and normalise HPS implementation in everyday activity.

There was no linking of HPS activity with increasing educational attainments and this may be an area for further exploration for School C as recommendations that ‘adequate attention is paid to building the capacity of teachers and schools through resources and training’ have been made by some commentators (Denman et al., 2002; Jourdan et al., 2016).

### **6.19 Stakeholder Roles during HPS implementation**

The Principal summarised her role as “my job is leading and supporting” and described her role in terms of encouraging and acknowledging the work of those involved.

“To support everyone involved... the HPS Coordinator, the staff, the TWG people, to give good leadership and example, to affirm people doing it and acknowledge people’s efforts.” C Principal

The Principal played an active role in HPS implementation and attended nearly all of the Working Group's meetings. The Coordinator felt that this was important within the school community itself but indicated that outside the school little would have been known about activities in relation to HPS.

“It is great the Principal is there [part of the WG], it does count in the school that she is part of it – but not to the wider community, it wouldn't be generally known that we do this [participate in HPS initiative].” C Coordinator

The parents highlighted that because the project is voluntary the dedication and commitment of the Principal and staff was very important.

“Because it is not mandatory it has to be driven by the personal conviction of the Principal and the staff.” C Parent

“....the Principal would have had the backbone to take it on and go about organising it....I suppose it is up to the teachers as well.” C Parent

While the school Coordinator described her role in general terms: “I promote anything to do with SPHE”, she did indicate that she and the Principal have a specific responsibility in relation to HPS implementation.

“The Principal and I would be the main drivers of HPS at the school level.” C Coordinator

The Coordinator and the Principal worked closely together during the implementation process. The Coordinator described how she would be responsible, for example, for the development of health related policies through the school's HPS Working Group and that she would bring these to the Principal for vetting periodically before these were brought before the Board of Management.

The Coordinator felt that sometimes her role can be challenging especially when it came to requesting support from colleagues who she was aware were already hard pressed in other areas.

“....you are among your colleagues and you know different people have different things going on and if you are asking someone to do more or to do

something differently, it is not easy - personally I can struggle with that.” C Coordinator

In terms of the role of parents within HPS, the Principal reported that consideration was given to the selection of parents for the School’s HPS Working Group and in particular “who would be available for meetings”. This resulted in one of the school’s Special Needs Assistants being asked to take one of the parents’ representatives’ positions as she had children in the school and was available during the day to attend meetings. Another parent representative on the school’s HPS Working Group was an active member of the Parents’ Council. The Coordinator who was responsible for approaching parents to invite them to join the school’s HPS Working Group confirmed that during HPS implementation she deliberately targeted parents who were not working as she felt that these would be most likely to have the time to attend the meetings. The parents themselves seemed to be aware of being singled out.

“Maybe I was an easy target - I am a part time worker and being in the Parents Council they know I would participate.” C Parent

The parents understood that they had an important role to play in HPS and identified themselves as advocates or bridges between the wider parent body and the teachers.

“We always think of teachers being up there [indicates high up with hand] and so you can be a spokesperson, because it is not always comfortable to go up to a Principal or a teacher and voice a question you know. If you go to another parent you just feel equal.” C Parent

The Coordinator reported that she had received good guidance from the Technical Working Group of the HPS Partnership when establishing the school’s HPS Working Group. The Coordinator linked with the other teachers in the school during staff meetings and gave advice on the options for identifying pupils to participate in the Working Group.

“Some teachers would have drawn names out of a hat and others deliberately set out to find children who would not normally have been picked for things, so it varied and depended on each teacher.” C Coordinator

### **6.19.1 Children’s participation in School C’s HPS Working Group**

Children from 5<sup>th</sup> and 6<sup>th</sup> Classes and children from the Special Class aged 10 / 11 years old represented the pupils on School C’s HPS Working Group. The Principal was impressed by

the pupils' suggestions and ideas and felt that participation on the Working Group promoted inclusion and afforded chances for some pupils to exhibit their potential through their contributions.

“Some of their [the pupils] inputs were a revelation... some of the pupils who didn't always shine academically [demonstrated] .... sound ideas and great emotional intelligence... and other facets of their personality shone through .... they were great organisers for example.” C Principal

The pupils' contributions were valued by all the adult members on the school's Working Group. For example, the Coordinator who “loved having the children on the group” highlighted that they added a different perspective on HPS implementation that enriched the process.

“They [the pupils] would just come out with ideas, absolutely brilliant – a different perspective coming from a different mindset – I thought they were fantastic.” C Coordinator

The parents on the Working Group were also supportive of the children's participation in HPS. Parents felt that the Working Group “gives them [the pupils] a chance to have their say,” and showed that their ideas were listened to.

“[the children being involved] was fantastic... how much information they have that they bring to the table, their view is most important. I really think their contributions were valued, their ideas were put in to practice.” C Parent

Parents highlighted the benefits to pupils from engagement in initiatives such as HPS.

“Gives them an idea of how the schools are run and how HPS is organised.”  
C Parent

“When they get on to second or third level they are going to need to be involved in project based work and they will have to do things like this and they will have some experience of it and some idea of how it is done.” C Parent

Significantly the only time that HPS was explicitly linked with learning in School C was by parents when talking about pupils' engagement.

“Getting the kids involved was most important... anything that a child is involved in, they will learn and remember better.” C Parent

From Stacey’s (1999) Agreement versus Certainty matrix, we know that when there is a clear understanding and likelihood that particular effects will result from a particular cause then one is close to certainty (lying somewhere in the ‘simple’ zone of the matrix). By not linking HPS to educational outcomes, staff may be indicating that they do not feel much certainty about the cause-effect linkages needed to bring about desired outcomes. This is an area which could be explored further with School C the findings of which may contribute to increasing levels of staff buy-in to HPS.

### **6.19.2 Discussion of stakeholder roles in School C**

The Principal in School C actively engaged in the project in a number of ways: by appointing the Coordinator to the role, participating on the school’s HPS Working Group, allocating time at staff meetings to keep HPS on all staff’s agenda, and generally leading and supporting the implementation of the process.

Both the Principal and the Coordinator reported that the responsibility for driving the project forwards rested on their shoulders. The HPS Coordinator was identified as pivotal to HPS implementation by many of the stakeholders in School C. Because of the voluntary nature of the HPS, one of the key challenges the Coordinator identified in her role was to request support from other staff.

The parents involved in HPS were strategically selected by the Coordinator and there is a danger that the same parents may be called upon again and again as a purely convenience measure. Some thought should be given on how to develop and engage with the wider parent body. This will not only ease the burden on the smaller number of willing and participating parents but may also increase the capacity of the parent body generally and contribute to the long term sustainability of projects such as HPS.

The pupils were actively engaged in HPS implementation. The descriptions of the adult perspectives on the pupils’ involvement demonstrates that all aspects of Lundy’s model of participation were evident in School C. Children were facilitated to express their views in a safe and inclusive way and their ideas were listened to and acted upon (Lundy, 2007).



## **6.20 Supports for HPS implementation**

A range of supports for HPS implementation were identified by stakeholders in School C.

### **6.20.1 The Technical Working Group as a support**

The Principal identified the structures of the Partnership as an important support when initiating HPS.

“...[the TWG] coming in to speak to the staff at the beginning was a great plus.... helped to get us up and running. The staff needed to hear about it from somebody else rather than me.” C Principal

The Coordinator also valued the Technical Working Group and viewed it as a support throughout implementation.

“...the TWG aspect of the HPS Partnership is a tremendous support. I see that as somewhere to go to, to get advice from, particularly if we are starting a new Action Plan.” C Coordinator

Outside expertise was valued by the Principal who felt that staff might view HPS as a pet project of hers and “may not see the benefit of it until someone else brings it.”

“I think people have to buy into things or they don’t work. You can’t push things really, sometimes you have to let things evolve, give them a little nudge here and there.” C Principal

The Coordinator held a similar view to the Principal in relation to having an external person come and introduce the concept and project to the staff.

“The staff needed the outside influence, ... someone new, the novelty of that somewhat helped the process.” C Coordinator

### **6.20.2 Principal and the HPS Coordinator as supports for HPS implementation**

The parents identified the Principal and the School Coordinator as key supports in relation to making HPS happen at the school level.

“The Principal and the School Coordinator definitely provided the backbone to it in terms of support – they were very dedicated, gave the time and space.”  
C Parent

The Principal highlighted the school Coordinator as a critical factor for HPS implementation particularly in terms of gaining ongoing commitment from other members of the school community. The Principal emphasised the Coordinator's passion for the work.

“The Coordinator was fantastic and really drove it and she believed in it. She played a crucial role in reminding everyone of what was going on and bringing people back to it again and again.” C Principal

### **6.20.3 Staff as support for HPS implementation**

Both the Principal and Coordinator identified the importance of staff engagement with the process.

“We have a fantastic staff and they are the cornerstone of the whole thing.” C Principal

“The teachers were great to get on board.” C Coordinator

### **6.20.4 Availability of resources and clear plan for implementation**

The Principal highlighted that it was relatively easy to integrate health related messages into school life and that there was a wealth of material available to support this agenda: “You can bring SPHE into everything and there are loads of resources.” The parents also valued the resources and felt that they provided a rationale and justification for the work on HPS.

“The leaflets and so on were very valuable. They provide the guidelines and that's researched and there is evidence that things work.” C Parent

The Coordinator highlighted the importance of having a step-by-step process for planning HPS implementation and that having formal events such as the policy launches and celebration days helped gain credibility, build momentum and keep a focus on the project with the school community.

“There was a plan and we had an aim and we would do this and then this and this - It wasn't an itty bitty thing, we had the big launch of the policy day – that sort of forced us onwards.....” C Coordinator

### **6.20.5 Linking with other work that is going on in the school**

The teachers emphasised the importance of repeating the same messages across different projects and that this would help HPS become embedded in school life.

“The more things are mentioned in other initiatives, that reiterates the messages and strengthens HPS.” C Coordinator

“Being involved in complementary training helped to develop the ethos. I did the DINO [part of the Incredible Years Programme] and I found that brilliant for the social and emotional aspect of the school’s work on HPS.” C Teacher

#### **6.20.6 The engagement of the whole school community**

Parents and teachers identified the contribution made by pupils as a support for HPS.

“The pupils were fantastic, they wanted to be there and wanted to participate and they wanted to give their best.” C Parent

The Principal pointed out the parent body is very supportive to school initiatives.

“Parents were important ... although there were only two parents on the Working Group [at any one time] many parents willingly got involved in different [HPS] activities we planned.” C Principal

This view was corroborated by the parents themselves and also by the HPS Coordinator.

“When it came to organising things, a lot of parents were asked to help out, and they did.” C Parent

“The parents were 100% behind it – during the Healthy Eating Week the parents’ strengths came to the fore – they were able to promote support through word of mouth and that was such a success.” C Coordinator

The adults all indicated that they felt the school was well supported by the wider community who attended significant HPS events such as Policy Launches and Celebration Days, often providing tangible supports to aid the smooth running of events (local supermarkets providing food, parents bringing in equipment, different sports clubs and associations volunteering to help etc).

“The community as well, there was huge turnout [for events].” C Coordinator

### **6.20.7 The nature of the school's HPS Working Group**

Both the Principal and the HPS Coordinator felt that the meetings worked well. The Coordinator described the process of the meeting, which illustrated the democratic nature of HPS implementation in School C.

“We always discussed things and there was definitely a sense that everyone had a say and were a part of it and there wasn't anyone who dominated.” C Coordinator

The Principal highlighted that there were clear objectives and goals which were shared by the group members.

“I think the group shared a common purpose.” C Principal

The parents also reported positively in relation to the Working Group and that everyone gained from HPS implementation.

“The Working Group is good, everyone's ideas are good.” C Parent

“It is a very balanced approach in the school. I think there is something for everyone.” C Parent

### **6.20.8 Focussing on new members of the school community**

Another aspect of the school environment which was highlighted as a support for HPS implementation was the focussed placed on building relationships with parents of children at the junior end of the school. The Principal specifically targets the parents of the Infants' classes in the first years of their children entering school.

“I make a point of meeting parents, particularly the Infants' parents for the first two years to get to know them and I try and build the relationship from the beginning.” C Principal

The parents also mentioned this in their interviews.

“There is a huge emphasis on the younger classes and on the parents when they first come in.” C Parent

“They go into it [Healthy Eating] in more detail for new parents.” C Parent

The Principal feels that parents need more support.

“We do a lot with the children but I think we need to do more with the parents.” C Principal

“I think a lot of parents are struggling, a lot of parents doubt themselves [in terms of parenting skills].” C Principal

Teachers feel that parents welcome the support offered by the school through HPS.

“Anything that would help their children be happier, more confident, healthier, they really want that.” C Teacher

The parents recognise the potential of HPS to confer benefits far beyond immediate health gains on their children.

“If you have healthier children they are going to achieve better.” C Parent

#### **6.20.9 Discussion of the supports for HPS implementation**

The structural resources for HPS implementation put in place by the HPS Partnership, such as the face-to-face work of the TWG, the development of leaflets and materials, a clear plan for implementation and so forth were mentioned by school stakeholders as important to the success of the process. The Technical Working Group was highlighted by the Principal and the school’s HPS Coordinator. Significantly, both the Principal and Coordinator emphasised the value of bringing outside expertise in to ‘sell’ the project at the beginning. The novelty and objectivity of outsiders helped to establish the initiative’s credibility and allowed the project to be presented as a choice rather than a de facto imposition by the Principal.

Staff members were also identified as important supports for HPS. The endorsement of the process by the Principal and the willingness of the staff to actively engage with the plans developed by the HPS Working Group helped sustain HPS implementation. In particular, the school’s HPS Coordinator was identified as a vital conduit for linking the HPS Partnership with the school and also for the maintenance of communication between the school’s Working Group and the rest of the staff.

The adults in the school’s Working Group described the manner in which the Working Group conducted its business which was viewed as democratic and valuable. While the

contributions of all members of the group were appreciated the pupils' inputs were noted and specifically highlighted by adult participants.

While the Working Group comprised a small number of individuals (ranging from 11 to 14 persons during the course of the project to date) the research participants felt that the whole school community were involved in the project and that this supported HPS implementation. Each member of the Working Group had responsibilities to engage with their representative cohort and there was evidence that this was done and that this supported the embedding of HPS within the culture of the school (for example: parents actively supported the Launch of the Healthy Eating Policy and parent members of the Working Group successfully garnered support for this and other HPS related activities through word-of-mouth with other parents; Pupil members of the Working Group supported other classes work on development of posters; Coordinator and Principal ensured that HPS was an agenda item for all staff meetings).

Parents and teachers identified the usefulness of targeting parents of new pupils with key health promotion messages from the moment they first engage with the school. The Principal was particularly conscious of working closely with this group to establish relationships and highlight the school's commitment to promoting health alongside its academic remit.

### **6.21 Barriers and challenges to HPS implementation**

The single biggest barrier to HPS implementation identified by the participants was time.

#### **6.21.1 Time allocated to SPHE curriculum**

The Principal supports the holistic approach advocated by the curriculum which doesn't focus solely on the time allocated formally to SPHE but rather directs teachers to implement SPHE through a combination of discrete time, integration across the wider curriculum and in the context of a supportive environment.

“You cannot really teach SPHE from a textbook – it has to be a whole school approach.” C Principal

However, the Principal clearly indicated that she felt not enough time is allocated in the curriculum timetable to adequately address the SPHE programme.

“SPHE related stuff does take more time than is given and allowed for [in the curriculum].” C Principal

Somewhat understandably the Coordinator, who is an SPHE specialist, emphasised the need to extend the discrete time allocated to SPHE particularly in relation to allowing time for reflection and internalisation of learning.

“There are things in SPHE that need discrete time, that need to be treated and discussed and explored just to experience and absorb it.” C Coordinator

### **6.21.2 Time pressures on parents**

Parents also identified time pressures as a barrier to HPS implementation and felt that they would have achieved more “if we had more time to dedicate to it”.

The Principal recognised that “everyone is busy” and this has an effect on who is approached to support and engage in projects such as HPS.

“It is the same people all the time [parents and teachers] you call on and you do not want to over burden them.” C Principal

Similar to the Principal, parents would like more even sharing of the responsibility for HPS in that they identified a need for “more parents to come forward.”

### **6.21.3 Breadth of activity**

The scope of HPS was identified by the Coordinator as a significant challenge, and in particular the ongoing nature of the implementation process.

“There really is no end, in one way it goes on and on and there is so many aspects in terms of just the SPHE curriculum not to mention the other pillars.”  
C Coordinator

### **6.21.4 Competition with other priorities**

The Coordinator highlighted how HPS has to vie for space in a very ‘packed curriculum’ space.

“There is such a heavy curriculum and HPS is competing with other elements.” C Coordinator

The Coordinator also pointed out that the longer term aspect of HPS can sometimes be put aside in favour of addressing more pressing demands.

“We can get caught up in the immediate.” C Coordinator

The Principal was mindful of the pressures being placed on staff and that HPS implementation had to contend with departmental priorities: “All the new things being thrown on staff, the numeracy, literacy initiatives, you know.”

The Coordinator worried that HPS sustainability is threatened by the lower value placed on this element of the curriculum by some teachers.

“I worry about HPS long term – because the huge push is on literacy and numeracy - anytime I mention anything that is SPHE flavoured the staff don’t see it as important as literacy and numeracy.” C Coordinator

#### **6.21.5 Lack of mandate**

The parents and teachers all highlighted that involvement in HPS was entirely voluntary. The Coordinator stated that if the Department of Education increased its support and called for more focus on health related initiatives some of the challenges previously outlined could be dissipated.

“If more emphasis was placed by the DES on SPHE and HPS, if it was seen as more important, that would help.” C Coordinator

Parents felt strongly that the responsibility for pushing the HPS agenda should come from a range of national authorities and that without this, projects such as the HPS Network are left in a precarious position.

“If the HSE is pushing it than the schools will have to take it on board.” C Parent

“There has to be some sort of push from a governmental agency because otherwise it might not happen. I think it should be a combination of the DES, the HSE and the Department of the Environment, all the relevant people.” C Parent

“I think the government should be pushing this agenda. It should be mandatory – we are going to have such a huge problem down the road with obesity for example.” C Parent



### **6.21.6 Discussion of Barriers and Challenges**

It is clear that the demands of the SPHE element of the curriculum far exceeds the time available to teachers. Notwithstanding that the curriculum advocates for a three pronged approach to SPHE provision - discrete time, integrated across the curriculum and in a supportive environment (SPHE Curriculum, DES, 1999:2), - teachers indicated that the unique nature of SPHE requires extensive time for teasing out, discussion and reflection. This is necessary to enable children to problematise and reflect on the values and behaviours underpinning issues in order to make informed choices and decisions that will influence their social, personal and health outcomes both now and in the future.

The Coordinator calls for more emphasis to be placed on SPHE as she feels that other teachers don't value it highly enough. (It should be noted that while SPHE has a formalised place within the curriculum, no such mandate exists for HPS.) In the current national educational context there is a significant prioritisation of literacy and numeracy at the expense of other aspects of the curriculum. In this climate it is hardly surprising that the Coordinator feels that other teachers (who are responding to the governmental policy directives) may not value SPHE in the same way as she does.

The Principal voiced concerns about overloading certain groups within the school community with repeated requests for support. The parents pointed out that it is the same group of parents who always get involved and that in order to sustain HPS more parental participation was needed.

### **6.22 Changes and benefits gained from involvement in the HPS Network**

The Coordinator identified personal gains "I have developed personally" and growth in awareness about health within the school community.

"We have raised awareness, SPHE has a higher profile in the school, the children are much more knowledgeable, the adults learnt a lot from the things we did on social and emotional development."

C Coordinator

The Principal also stated that the HPS process had provided an opportunity for reflection and personal growth.

"I would have thought that I was quite a positive person but I have learned that sometimes the language I use might not necessarily be the best

approach....as a teacher you have to keep asking yourself are you doing it right.” C Principal

The Principal agreed with the Coordinator that there was increased awareness around health as a result of HPS and that staff benefitted from the reinforcement of the same messages across initiatives.

“HPS created a great buzz .... a heightened awareness definitely.... Staff found the Colour Journals interesting and alerted them to how some of the children were feeling..... There was a knock on effect on other projects such as the Incredible Years, as there is overlap with the work on social and emotional health there.” C Principal

One of the teachers would like to see more work done on social and emotional development and felt that this was particularly important in School C’s context as it was a boys school.

“I don’t think enough was done on this.... I think it is important as we are a boys’ school and teenage boys in particular I think find it hard to express themselves and name their emotions so I think you have to start young and the younger the better.” C Teacher

This teacher did feel that more and more people are talking about mental health and that this will positively challenge those with a lack of a holistic view of health as she thinks “the biological view of health is dominant.” The Principal also emphasised mental health as a current priority: “Mental health is a big thing for me” and highlighted the human need for quiet space for reflection which she felt was lacking in modern society.

“There are huge pressures on children that weren’t there even ten years ago .... Children today are never in a quiet place, they have noise constantly.... I think if people could be taught to step back and be still and quiet and reflect and think, so providing a quiet space even for staff, maybe SPHE classes should be more of that – sitting still....rather than throwing more stuff at people.” C Principal

The Coordinator did point out that there were no easy, quick or ‘one-size-fits-all’ solutions for complex issues relating to mental and emotional health.

“All the different needs and abilities that are in one class... it’s much more complex than just saying let’s just do this.” C Coordinator

However, on a more positive note the Coordinator felt that the timing was ripe for increasing focus to be placed on this aspect of school life and she was committed to doing so.

“People are getting interested in self development - really looking at what makes us tick, and emotionally and psychologically how are we getting on. ....The social and emotional development piece is my favourite bit [of the work we do on HPS] .. if you can tune in to yourself you can live a better live and that is what would drive me on.” C Coordinator

### **6.23 Summary of School C in terms of the elements of a HPS**

In this section School C is considered under the four elements of the HPS approach (environment, policies, curriculum and partnerships). The full list of the criteria encompassed within these elements is provided in **Appendix IV**.

#### **6.23.1 Environment**

In terms of the environment, HPS recognises that each school has a distinctive atmosphere which reflects the extent to which the school takes care of the social, emotional and physical needs of those who learn, work and visit there (HSE, Schools for Health in Ireland, 2013). School C demonstrated that it provides a safe, secure and stimulating environment that encourages and supports pupils, staff and members of the whole school community to make healthy choices. School C encouraged and promoted self-esteem and self-confidence by providing opportunities for members of the school community to contribute to school life. There are indications that more work could be done to encourage more parents to become involved in HPS, through participation on the HPS Working Group and/or by volunteering to support HPS activities.

The evidence from the literature on HPS strongly suggest that HPS projects need endorsement from senior levels in schools in order to be successful (ENHPS, Denman et al, 2002). The Principal in School C actively engaged in the project in a number of ways: by agreeing to participate in the project, by appointing a member of staff to a Post of Responsibility for HPS, by placing HPS as a regular item on staff meeting agendas, by attending HPS Working Group meetings. The Coordinator acted as a focal point for HPS within the school and as a link with the HPS Partnership through liaising with TWG members

in their efforts to support the school's work. The findings presented in this case provide clear evidence that a climate of good relationships where respect and consideration of others has been created.

### **6.23.2 Policies**

In HPS, effective policy development involves consultation and collaboration (IUHPE, 2008). As part of its work in HPS, School C worked on a number of policies that promote health and wellbeing. For example, the school developed and implemented a Healthy Eating Policy in its first cycle of Action Planning and subsequently worked on the school's Code of Behaviour and Anti Bullying Policy in the second cycle. The policies were developed by the school's HPS Working Group, which comprised representation from all stakeholders in the school. The draft policies were circulated twice within the school community for suggestions and comments in relation to the contents. The policies were brought before the Board of Management for final sign off. To further embed the policies they were disseminated via newsletters and on the school website and through formal policy launch events. The school is currently working on reviewing its Relationships and Sexuality Policy.

### **6.23.3 Curriculum**

The IUHPE (2008) refer to both formal and informal curriculum when speaking about the development of individual health skills and action competencies. In Ireland, SPHE is the formal curriculum where pupils gain age appropriate knowledge, understanding, skills and experiences in relation to health and wellbeing. Through the curriculum and how it is taught, pupils are enabled to build competencies in taking action to improve the health and wellbeing of themselves and others in their community and at the same time enhancing their learning outcomes. School C has a dedicated SPHE Curriculum Specialist in post, which indicates its parity of esteem with other subject elements of the curriculum. All teachers implement the national SPHE Curriculum throughout the academic year and it is up to individual teachers to decide how this is carried out. A number of health related programmes are also provided within the overall SPHE workplan each year (Stay Safe, Walk Tall etc). In addition, the school has participated (voluntarily) to complete healthy eating programmes such as Food Dudes.

While School C adheres to statutory requirements in relation to the delivery of SPHE, it should be noted that the pupils reported a disparity in commitment to health education amongst the teaching body and felt that more health related lessons could be incorporated

within the school day. Parents reported very positively on the linking of health related messages between home and school and welcomed activities and information briefings to further strengthen the opportunities for their children's learning about health.

#### **6.23.4 Partnerships**

According to the Schools for Health in Ireland Framework (HSE, 2013), partnership working in HPS requires the development of links with parents/guardians, other schools and the local community and working together towards agreed goals. Part of this work will also involve the efficient use of appropriate agencies and specialist services to advise, support and contribute to health and wellbeing, teaching and learning.

School C demonstrated excellent community links in terms of communicating with parents. Appropriate consultation on HPS action plans, and particularly in relation to policy development, did serve to enhance HPS and provided a context and support for various activities (for example, policy launch days, Celebration Day on receipt of HPS Flag).

While School C linked strongly with its neighbouring school (School D), through inviting the parents, Principal and staff to participate in various workshops, there was little evidence of cross linkages being forged between staff with other schools. This was surprising as members of staff from School C participated in a number of training events with teachers from other schools in the area, which this researcher facilitated (HPS Summer Schools, Zippy's Friends training, HPS Regional meetings). This could be an area to consider exploiting more as it would enable teachers to reflect on and share their learning and to collaborate for practice development.

School C did access and develop strong links with specialist services and agencies in its region. For example, the school developed solid links with the TWG of the HPS Partnership and regularly invite specialist speakers to come and facilitate health related workshops and seminars for staff and parents. During the lifetime of the HPS project, the school has become a specialised regional hub serving children with mild learning disabilities and/or speech and language disorders.

#### **6.24 Summary of the key points from Case Three**

A range of perspectives on health and the HPS process were presented by the stakeholders from School C. While the pupils mentioned a broad range of aspects of health, they did demonstrate a bias toward physical health and mostly mentioned actions related to the

environment element of HPS. In terms of family life, mental health and the importance of relationships were highlighted by pupils.

The adults in School C largely viewed health as a ‘resource for living’ and while there was little deep knowledge of the origins and theory of HPS, the adult respondents valued the focus the school placed on health. Although SPHE is defined by the DES in terms of being a shared responsibility, it is clear that the teachers in the school (including the Principal and the Coordinator) feel that accountability for the implementation of the HPS process firmly sits with the Principal and the Coordinator. Parents also felt that responsibility for driving HPS in School C largely depended on the motivation of staff.

School C received recognition as a HPS from the Partnership in 2013, having successfully completed each of the steps in the process. The social and physical environment and the development of health-related policies are areas of strength in relation to HPS for School C. While the school has evidenced developments in relation to partnership working, this is an area which could be enhanced particularly in terms of highlighting examples of successful internal collaborative working to pupils and parents. The HPS Partnership could also support this aspect of the Network by providing more opportunities for collaborative learning between schools. More emphasis on the shared responsibility for SPHE amongst staff would also benefit School C’s implementation of the curricular element of HPS. More understanding of the contribution SPHE and HPS can make to academic achievement would be advantageous in this regard.

Participants in School C highlighted that linking HPS actions to a focal event such as the launch of the Healthy Eating Policy and the Anti Bullying Week, increased awareness and engagement of the whole school community. While pupil participation was encouraged and well established, School C was challenged in sustaining parental involvement. Utilising ‘actively engaged’ parents to identify other potential parent members for the school’s Working Group may be a possibility that could be explored in the future.

The key supports for the development of HPS in School that were identified include:

**The Technical Working Group** – for advice, suggestions and inputs to the school’s HPS Working Group and most particularly for the school’s HPS Coordinator.

**Leadership** – provided directly by the Principal, the Coordinator and members of the school’s HPS Working Group. The Principal provided leadership by allowing the HPS project to be initiated in School C and then by fully supporting its implementation. The Coordinator organised the meetings of the Working Group and acted as the main ‘go to’ person for staff, the Principal, members of the Working Group and through close liaison with the TWG the link between the school and the Partnership. The parents provided leadership through engaging directly with the wider parental body of the school community, keeping them informed of HPS developments and encouraging their involvement in various HPS activities.

**Structured process** – the Principal and Coordinator reported that having a clear cycle of steps to complete which was complemented by access to relevant resources often identified or provided by the Technical Working Group.

**Linking with other work** – by highlighting the inter-connectivity between the principles and aspirations of HPS with simultaneous projects taking place in the school, health behaviours and key messages became embedded in day-to-day school life.

**The nature of the school’s HPS Working Group** – the representative nature of the Working Group coupled with the democratic nature of the process helped to develop and sustain the school community’s commitment to HPS.

**Focus on new members of school community** – the attention that was placed on developing relationships with parents of new pupils, particularly by the Principal, was identified as a support to normalising expectations in relation to the school’s objectives around HPS.

**Opportunities for personal and professional growth** – the teachers in School C identified gains both personally and professionally through engagement with the HPS process.

The key barriers to the development of HPS in School that were identified include:

**Time allocated to SPHE in the curriculum** – the teachers (including the Principal and Coordinator) identified that while HPS was valuable, the amount of time allocated to its curricular element SPHE, was not sufficient in order to optimally develop understanding and skills in terms of health competencies and behaviours. In this regard, the competition for time with other national priorities such as the current focus on Literacy and Numeracy presented a significant challenge for teachers. In addition, while SPHE is a recognised part of the formal primary curriculum, the lack of a mandate for HPS and endorsement from the DES was identified as a barrier.

**Busy lives** – the current social context of both parents working and the demands of hectic extra-curricular schedules was identified as a barrier to parental involvement.

**Ongoing nature of the project** – the Principal and the Coordinator suggested that the never-ending nature of the HPS process presented some feelings of relentlessness.



## **Case Four: School D**

### **6. 25 Thumbnail profile of school**

This outline describes School D under the following headings; location, ethos, pupil and staff numbers, school facilities, social information and the Principal, in order to provide the reader with a brief opening snapshot of the context for this case.

#### **6.25.1 Location**

This primary school is located near the same large market town as School C (urban population of approximately 5000 [2011 Census], however, the population has grown beyond the traditional town boundary – which is due to be redefined shortly – and current estimates calculate the actual town population to be nearer to 11,000. This town serves a wide hinterland and is located approximately 40 minutes from Limerick City. School D is situated beside a small road on the perimeter of the town.

#### **6.25.2 Ethos**

School D is an all girls primary school that aims to ‘promote the development of the child’s full potential while celebrating individual difference’ (school website). The school has a long and close relationship with the Sisters of Mercy (Catholic Order). The school was founded in 1887 by the Sisters and the first lay principal was appointed in 1991. The nuns’ direct involvement in the school ended in 1999, although one Sister remains on the school’s Board of Management.

#### **6.25.3 Pupil and staff numbers**

At the time of the initiation of HPS with School D, the school had an enrolment of 193 girls (2006). The school’s current enrolment is approximately 235 pupils from 4 – 12 years of age. The school has 12 staff, which includes a Learning Support teacher, a Resource Teacher, a caretaker, a secretary, one Special Needs Assistant and one Classroom Assistant. The remaining staff are mainstream teachers. At the beginning of the project, the school did have a Visiting Teacher for Travellers but this has since been withdrawn as a result of cutbacks during the economic recession.

#### **6.25.4 School facilities**

The school is over 130 years old. The current school building was built in 1966 and was later extended in 1979. There is a large outdoor yard and a state of the art soft surface playground.

The school has a long tradition in horticulture and has received many awards for its school garden, the upkeep of which involves all school year groups.

Parking is provided on the school grounds for staff and drop-off and collection facilities have been designed to allow for easy access and egress at congested times.

#### **6.25.5 Social information**

Pupils in the school come from diverse socio-economic and ethnic backgrounds. Children from a range of households; business and tradespeople, immigrants, members of the traveller community, professionals, the unemployed, are all represented in the school community. In addition, children from the hinterland, traditionally from families of farmers of mainly small to medium-sized landholdings, are enrolled in the school. The school largely shares the same cohort of parents as that of School C, with sons attending School C and daughters attending School D.

#### **6.25.6 The Principal**

The school Principal during the project period was female and is categorised as an Administrative Principal for DES purposes. This means she has no prescribed teaching duties. The Principal has a long association with the school, having attended as a pupil herself. She was a teacher in the school since the early 1990s and has been the Principal for almost 20 years.

## 6.26 HPS Network Participation

School D's involvement in the HPS Network is summarised in the timeline in Figure 6.16

Note that items in red coloured font denote wider developments in which the school was involved / participated.

**Figure 6.16: Timeline of School D activity in relation to HPS Network (2006-2013)**

DATE	PHASE
	<b>Introduction and Consultation Phase</b>
Early Spring 2006	<ul style="list-style-type: none"> <li>Letter of invitation to join Network sent to Principal.</li> </ul>
Spring 2006	<ul style="list-style-type: none"> <li>Initial meeting between TWG members and Principal. TWG outline what is involved in process and introduces the Engagement Form (which details what the HPS Partnership will do and what is expected of the school). Principal felt school was strong on Physical Activity and Healthy Eating (having developed a Healthy Eating Policy just prior to HPS with local Health Promotion Dietitian). Principal indicated interest in developing self-esteem and confidence of pupils and greater involvement of parents.</li> </ul>
Spring 2006 March	<ul style="list-style-type: none"> <li>Meeting between TWG and school staff (full attendance). TWG outline what is involved in process, take questions and seek volunteers to represent staff on HPS School Working Group. The staff indicated that they would like to have more clarity around the accreditation process before initiating HPS. Staff would like HPS to focus on self-esteem and friendship development.</li> </ul>
April	<ul style="list-style-type: none"> <li>Briefing meeting for parents facilitated by TWG. TWG forwarded briefing materials to school to circulate to parents prior to meeting. TWG outline what is involved in process, take questions and seek volunteers to represent parents on HPS School Working Group.</li> </ul> <p><b>Note:</b> This meeting coincided with the meeting of School C who facilitated both groups of parents many of whom had pupils in each school.</p> <p>Parents identified a wide range of areas they would like to see developed (anti bullying strategies, alternative physical activities, social events for parents, linking with other schools).</p>
Summer 2006	<ul style="list-style-type: none"> <li>TWG sent resources to school for teachers to introduce concept of HPS to pupils.</li> </ul>

### **Formal Launch of the HPS Network**

- September 2006 • Invitation to launch sent to school community.
- October 2006 • Formal Launch of HPS Network by Minister of State  
Approximately 20 representatives of School D attended the launch (Principal, Teachers, Parents and Pupils – pupils took roles as helpers during proceedings)
- November 2006 • TWG re-sent resources to introduce HPS concept to pupils

### **School Working Group: formation, training and development**

- December 2006 • Establishment of School Working Group on HPS.  
Pupil participants largely self nominated after completing introductory Lesson Plan on HPS in class.  
Two others were elected after class vote.  
Two Parents volunteered following Parents Information Meeting and one other contacted / invited by Principal.  
Initial Working Group comprised 10 members (Principal, five Pupils, three Parents and one other Teacher).
- First meeting of Working Group facilitated by TWG  
**Note:** no HPS School Co-ordinator nominated so Principal agreed to be the link person between the school and the HPS Partnership)
- Spring 2007 • Tentative meetings (x2) of Working Group to identify and agree Action Area (TWG not in attendance) – no specific Action Area identified – work on Healthy Eating to be continued.
- Summer 2007 • Workshop with school staff on Zippy's Friends resource (Bereavement and Loss Programme) facilitated by TWG
- 6 members of staff attend **HPS Summer School** (5 days training on variety of Health Promoting topics – see **Appendix XIII**).  
Principal agreed that school could be used for one of the day's training on theme of effective use of playground markings (this involved teachers actually developing and making the markings themselves).

2007 / 2008 **Note:** School D is very committed to Green School initiative and throughout the remainder of the year and 2008 this took precedence over HPS as school worked to complete actions to satisfy requirements for Green School's Award.  
The Green School's theme and actions for the year (based on smarter travel) are compatible with HPS and consequently HPS Partnership decide not to jeopardise good working relationship by pressuring school to complete additional work on HPS.

- Spring 2009 • TWG meet with school's HPS Working Group to review activities and to provide impetus to HPS project. Work on Healthy Eating has been ongoing.

### Action Plan preparation and development

As limited time available to end of school year TWG suggest Dental Health as possible Action Area to complement school's existing work on Healthy Eating. Working Group agree to this and Action Plan developed. Summary of Action Plan provided in **Appendix XIX**.

- |             |   |
|-------------|---|
| Summer 2009 | <ul style="list-style-type: none"><li>● School implements HPS Action Plan on Dental Health<br/>A range of actions identified involving parents, pupils, teachers, HSE based Dentist and Hygienist and the TWG. A Healthy Eating Day Activity also planned to reiterate Healthy Eating messages before school closes.</li></ul>  |
| Winter 2009 | <ul style="list-style-type: none"><li>● Identification and agreement on Action Area: Development of Soft Surface Playground<br/>Parents conduct research on potential for developing playground. Principal drafts funding proposal to support development of soft surface playground for the school (application is successful and work on project begins).</li></ul> |
| 2010        | <ul style="list-style-type: none"><li>● Parents and staff attend Cyberbullying workshop in School C. Workshops for pupils on cyberbullying facilitated by TWG. Teachers complete classroom activities based on national Internet Safety Week campaign.</li></ul>  |
| 2011        | <ul style="list-style-type: none"><li>● School continues to promote Healthy Eating and Physical Activity.</li></ul>   |
| Winter 2012 | <ul style="list-style-type: none"><li>● <b>Cluster Meeting</b><br/>Principal, teacher and parent attend</li></ul>   |
| Autumn 2013 | <ul style="list-style-type: none"><li>● School agrees to participate in doctoral research.</li></ul>  |

A number of significant contextual factors had an immediate bearing on School D's engagement with the HPS Network. It should be noted from the timeline above that the Principal took ownership of the HPS Coordinator role from the beginning of HPS implementation.

School D had a strong commitment to the Green Schools initiative (an international environmental project with which many schools in Ireland engage). School D began its Green Schools implementation in 2004. The Principal explained that the school's involvement in Green Schools came about in the context of a long history and tradition with environmentalism and in particular in relation to the development of its school garden which predated not only its engagement with HPS (which began in 2006) but also its involvement with Green Schools. Since 2004, School D has successfully achieved Green School status five times.

## **6.27 Perceptions of health and the Health Promoting School concept**

The next section presents the perspectives of various stakeholders from the school community – pupils, the Principal, staff and parents – of health and of their experience of participating in the development of HPS.

### **6.27.1 Children's perceptions of health**

The children's perspectives in School D were collected through a structured Focus Group with pupils from 5<sup>th</sup> and 6<sup>th</sup> Classes (12 pupils in total participated). It had originally been intended to hold a smaller Focus Group in this school but the Principal asked the researcher to include pupils from 6<sup>th</sup> Class who had participated in the HPS Working Group previously with pupils from 5<sup>th</sup> Class who would be involved in the HPS Working Group in the coming year.

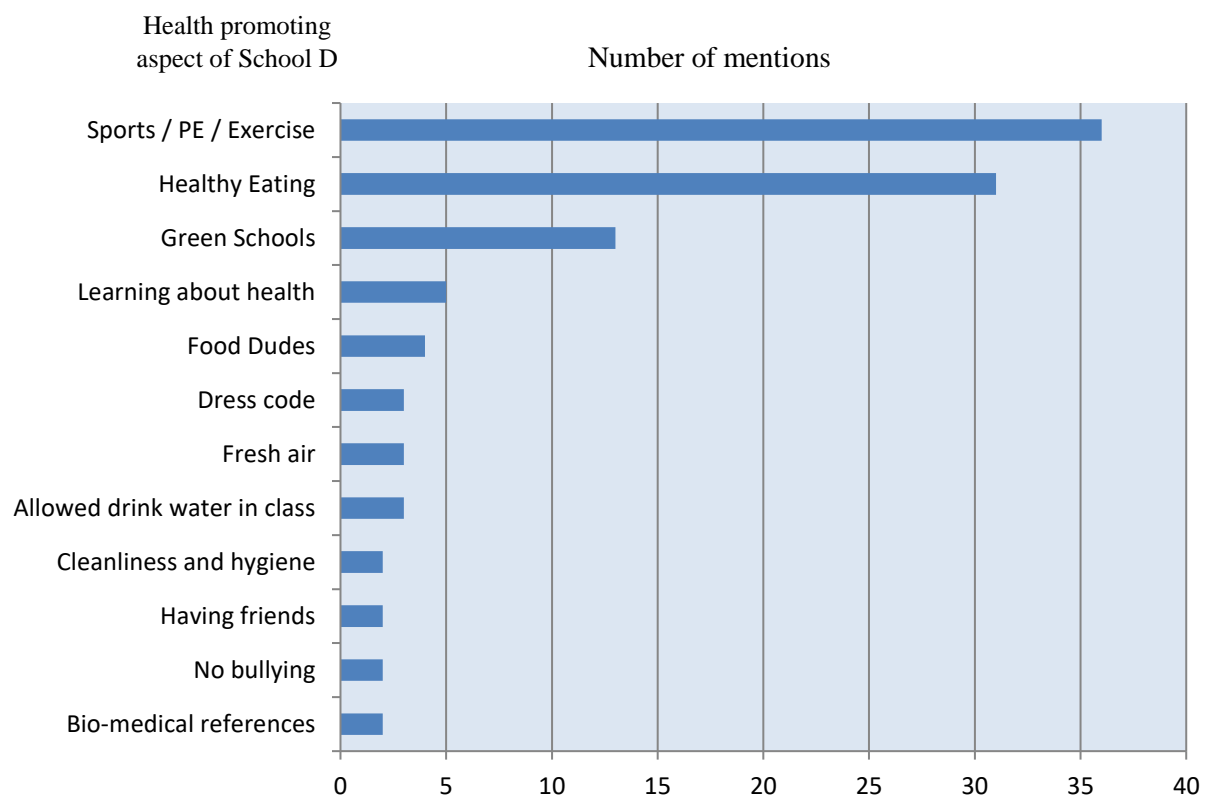
The first theme explored in the Focus Group asked pupils to discuss what being healthy means. The pupils were asked to jot down on post-its the first things that came to their mind when they thought about being healthy. Figure 6.17 represents the pupils' responses.

**Figure 6.17: Responses of Pupils from School D on what it means to be healthy**



The responses above reflect the broad categories mentioned by the overall Focus Group. In Figure 6.18 the responses of the children to the question of how school promotes your health reveal that a number of health promoting aspects of School D are to the forefront in children's perceptions of health.

**Figure 6.18: How school promotes my health**



The children's overall perception of health is biased towards their physical health and Figure 6.18 provides some insights into how this translates in the school setting. The pupils consider that School D is very good at promoting physical activity. There were many mentions of the variety of sports that are offered and how exercise is encouraged. Some of the mentions in this category were about specific sports, for example, swimming, cycling, etc. while others referenced the ethos of the school, for example, Team Training, Sports Day, Active School Tours, School Walks etc.

While Healthy Eating was the second most common category to be mentioned, the responses were striking in their emphasis on punitive measures to encourage Healthy Eating. Of the 31 mentions in this category, the pupils referred to Healthy Eating seven times and the Healthy Eating Policy three times. All other mentions in this category referred to bans and restrictions on sweets, chocolate, fizzy drinks, rice crispy bars and so on, and one of the pupils quoted what appeared to be a commonly heard mantra "if it looks like a bar, it is a bar", as many of the pupils joined in chorus to complete the sentence.



The pupils reported that they were encouraged to bring healthy lunches to schools and that they felt they had enough time to eat their lunch. Two pupils mentioned that lunch checks take place (teacher seeing what you had to eat).

School D's commitment to Green Schools was evident by the number of mentions of this initiative by the children. Various aspects of Green Schools were highlighted and in particular recycling and the school garden were emphasised. Reducing pollution was also mentioned a number of times in the context of Park and Stride and trying to use cars less often when making the journey to school.

A number of pupils mentioned learning about health and learning in general and referenced particular classes and programmes they had participated in, for example, Food Dudes, health visitors such as local nurse coming to give a talk on health issues. Clean classrooms and general hygiene were also referenced in relation to promoting good health.

There were a few mentions relating to the school's Dress Code and again these were framed in terms of restrictions, for example, no make up or earrings allowed, no tattoos etc. However, one pupil did point out that having a uniform meant that there was no bullying because of the clothing people wore. The school has a comprehensive approach in relation to pupils' physical health as all the elements of HPS are represented in the children's responses. The children's responses in terms of the elements of HPS are presented in Figure 6.19.

**Figure 6.19: How the school promotes child health in terms of HPS elements**

<b>ENVIRONMENT</b>  Sports Day A lot of physical activity Swimming Cycling Team training Active School Tours School Walks Green Schools School garden No bullying Allowed to drink water in class Fresh air Clean classrooms Friendships	<b>POLICIES</b>  Healthy Eating Policy Dress Code Green Schools
	<b>CURRICULUM</b>  PE Learning about health in class Talks from Health visitors
	<b>PARTNERSHIPS</b>  Food Dudes Park and Stride

### **6.27.2 Adults' perceptions of health and the Health Promoting School**

Prior to School D's involvement in HPS, some members of the school community had been alarmed at the level of unhealthy eating behaviours evident in the school.

“When I started teaching here I was horrified at the level of unhealthy eating. We had quite a few parents who were delivering lunches to the school and it would be things like pizza and chips and burgers, stuff like that... and the kids would be on that same diet every day.” D Teacher

Parents highlighted the risks associated with prolonged unhealthy eating and indicated that there was a need for health services to address the issue, which they pointed out can have social and emotional repercussions beyond physical health.

“Down the road children heading for diabetes, high blood pressure -there is so much of it, healthwise the HSE shouldn't ignore that - obesity is a killer. It causes not just being overweight but affects confidence and that lack can lead to being bullied and so on.” D Parent 2

The Principal was clear about how she had first become aware of the need for the school to consider putting more focus on pupil health and in particular Healthy Eating.

“It arose because during one summer about 10 years ago I had heard on the radio about the problem of obesity and I remember thinking we would have to do something because I was looking at what they [the pupils] were bringing in to eat - that's what kick-started me and got me thinking.” D Principal

The teacher reported how the Principal brought her concerns to the attention of all the staff and that this triggered immediate action.

“It was brought up in the staffroom and there was a discussion about what could we do. And we surveyed the children and we surveyed the parents about it. And we started to implement a healthy eating policy.” D Teacher

The local Community Health Dietitian (who is a member of the HPS Partnership) facilitated the school community in the development of its Healthy Eating Policy.

For the Principal this action signified the beginning of engaging formally with promoting health in the school.

“We started with the Healthy Eating Policy because we knew we had to address it and that was when we began to look and see what was out there. The community dietician was involved and she came and advised us about what to do and [we] set up a Steering Committee comprising of pupils, parents and teachers... it took about 12 months teasing it out and then we were ready to bring it to the staff and the Parents’ Council and they endorsed it and we ran with it.” D Principal

Following the initiation of the Healthy Eating Policy, the Principal felt it was a logical progression to engage with the HPS Network and to explore how Healthy Eating and Physical Activity could be embedded more within the school community.

“The second phase of it for me here was the HPS Network involvement. So doing more work on healthy eating and working with the children and developing the playground markings was part two.” D Principal

Parents’ awareness of the drive towards Healthy Eating was raised through the messages that were coming home from school.

“I do recall about Healthy Eating – the kids came back with Food Pyramids and what you should have in a day. The teachers would have covered that in class.” D Parent 2

The other parent understood that the Healthy Eating policy had been in place before her children started in the school and indicated that it had been something that the school worked on throughout the period of its involvement in HPS.

“I think that they started to put a focus on Healthy Eating just before our kids joined here and it has evolved over the years” D Parent 1

The focus on Healthy Eating is viewed as very successful by the school community.

“The kids and parents were absolutely marvellous when we introduced the Healthy Eating Policy because we thought this is going to take ages to get in and they were so so good - it worked so well and it worked considerably quickly.” D Teacher

“My child is in Sixth Class and she has developed very healthy eating habits - the majority of the children would be in that mode.” D Parent 1

“...to have variety in a healthy eating plan ... they have instilled that in the kids so even when they come home it is still there.” D Parent 2

However, this parent also framed her understanding of healthy eating in terms of the restrictions placed on what children could bring to school for lunch and she repeated the mantra which had been cited by the children in the Focus Group, which would seem to suggest that this is a dominant aspect of the ethos of the community in relation to Healthy Eating.

“They have a ban on unhealthy foods like there is no takeaways, no chocolate and [they know] ‘if it looks like a bar, it is a bar’ D Parent 2

Besides Healthy Eating, other aspects of health and the actions carried out during HPS were mentioned by the adults.

“[While] Healthy Eating is [a] focus for us.... I would be aware that they do lessons on Healthy Eating. I was very involved in the Parents Council and so I would be aware of the actions on Physical Activity...., we [parents] were involved in doing the playground.” D Parent 1

Physical Activity was particularly highlighted.

“We promote exercise and activities. As part of our health promotion work we did do the soft surface playground. And that was about expanding opportunities for children to play. I am a huge believer in getting children out onto the playground as much as possible. To those that say you can’t run or whatever, that to me is heresy.” D Principal <sup>17</sup>

Parents agreed that the school emphasises physical activity.

“I think that they would be very aware that the children should be physically active. There would be a big push to have them outside as

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17. In the latest Lifeskills Survey published by the Department of Education and Skills (2017), 4% of schools reported having a policy in place to prevent running.

many days of the year as possible. They are very involved in sports and they have great equipment built up over the years... on the PE side they have been good on that.” D Parent 1

“They do the soccer, they do the camogie.” D Parent 2

“In Green Schools, particularly that Smarter Travel one, they did become much more aware of exercise - you know the walking, maybe park a bit away, down the road and walking that bit extra. For the people who would never walk they did start walking a little bit and people are still doing it” D Parent 1

While the adults highlighted Healthy Eating and Physical Activity other aspects of health were also mentioned.

“We worked on a range of things - on Dental Health, Playground Markings, the work on the Fruit - We had been doing health promotion without realising it through things like Walk Tall and Bí Folláin and that sort of thing [curriculum based]. Staff attended workshops in the Health Promotion Centre with teachers from other schools.” D Principal

“Bullying is covered well here. And cyberbullying is something that they have done. They have a bullying policy.” D Parent 2

“Looking after yourself, personal development and personal hygiene.” D Parent 1

The teacher highlighted the improvements made in the physical environment.

“One of the healthy aspects here that I think is important is the actual environment. The physical environment has changed radically. When I started teaching here we didn’t have all the nice planting, the paintwork outside was grey, it was dismal, it was not inviting. It felt like a cold dreary damp sort of place. We [now] have a new wild flower garden, we have the new playground and this area here and the area down near the teachers’ car park. It is so much nicer now and so much more friendly and warming and inviting when you arrive in the morning.” D Teacher

This teacher recognised that she originally had a limited view of health and this has now expanded.

“I had been quite blinkered myself - I really had thought of HPS in terms of healthy eating I didn’t actually see myself at the beginning of it talking about healthy relationships, and a healthy view of oneself. I was quite limited in my view of it. For me [now] health it is about body, mind, spirit “ D Teacher

Parents too highlighted the link between physical and mental health.

“I think a healthy mind comes from being healthy.” D Parent 2

### **6.27.3 Discussion of the school community’s perceptions of health**

It is clear from the responses of all members of the school community that there was a strong bias in terms of Physical Health with regard to their perceptions of health. In particular being active and eating healthily emerged as dominant themes with regard to HPS actions. School D developed comprehensive approaches to Physical Activity and Healthy Eating in relation to the four elements of HPS.

The Principal and teachers were aware of the need to address poor eating habits through seeing what children ate in school and through the media reporting on rising levels of obesity. Consequently the development of a Healthy Eating Policy was chosen as a starting point for School D. The parents reported good communications between home and school in the drive towards Healthy Eating and all stakeholders reported that a culture of Healthy Eating was now embedded within the school. The development of the Healthy Eating policy with the local Health Promotion Dietitian led to a natural next step of engaging with HPS (the Dietitian is a member of the HPS Partnership) during which the school extended its health focus to concentrate on promoting Physical Activity – which was viewed as complimentary to its work on Healthy Eating.

The environment and the school’s work on Green Schools were also highlighted in the school’s perceptions of health. Links were made between aspects of the two initiatives. Actions related to the Smarter Travel theme of the Green Schools were highlighted as especially promoting increased numbers walking to school and the teacher noted the psychological benefits of environmental improvements through painting school buildings brightly and by planting flowers and trees near the school car park and entrance.

## **6.28 Stakeholder roles during HPS implementation**

When asked about her role during HPS the Principal described herself ‘as a facilitator’ especially when it came to encouraging staff to engage.

“As a facilitator getting people involved.... I think if you can bring your staff with you and deal with whatever happens over the course of a year and do the best you can. That is what I want.” D Principal

The parents emphasised the partnership aspect of engaging in HPS and felt that promoting health was a shared responsibility.

“If I am giving them a healthy diet going into school I am sort of promoting it there and having it at home as well.” D Parent 2

“The HPS Partnership, the Principal and the Parents Council – everyone together. [We are responsible for it.]” D Parent 1

The parents also highlighted the level of influence exerted on pupils by what happens in school.

“We are very food conscious of what we eat at home too but I would say a lot of that has developed because of what happens here [at school].” D Parent 1

“They are in school a long time in the day, so I think school has a big influence on them. I think that when they come home it’s there (pointing at head).” D Parent 2

“The class teacher giving them some key messages like the things you would say at home but when the teacher says it, it has more impact.” D Parent 1

And similarly,

“My daughter has been more willing to try healthier things that other girls have brought in then me asking her.” D Parent 1

The parents commented how the school created the environment where pupils learned to take responsibility for themselves.

“I think by having guidelines that the pupils have to stick by at this stage it is nothing to them, they don’t make an issue about it, healthy eating is normal. It is there and that’s it.” D Parent 2

“The culture has helped my daughter enormously - she would not bring a chocolate bar to school and it is not that anyone would be cross with her.” D Parent 1

### **6.28.1 Discussion of stakeholder roles in School D**

The Principal held the function of HPS Coordinator and this had a strong bearing on the focus of School D’s HPS implementation. The Principal chose the themes for School D’s Action Plans (Physical Health focus) and this translated into the dominant ethos in terms of the school’s perceptions of health.

The Principal was skilled as a facilitator and succeeded in implementing a sea change in terms of Healthy Eating behaviours across the school community. Parents highlighted good communication between the Principal and home as crucial to this and emphasised that they understood HPS as a partnership.

Parents noted that their children were more likely to be influenced by teachers and peers in relation to healthy eating practices than by them. Significantly parents indicated that what the children were learning in school was impacting on what was being eaten in the home.

### **6.29 Supports for HPS implementation in School D**

A range of supports for HPS were identified by the school community.

#### **6.29.1 The impact of the launch of the Health Promoting School Network**

The Health Promoting School Network was officially launched in 2006 and there were differing views regarding the impact of the launch. One teacher reported that the launch had provided a comprehensive overview of the different supports available to develop HPS in school communities and felt very positively towards HPS following attendance.

“I remember going to the Launch of the HPS and I took one of the parents and some of the children. It was fabulous, it was very elaborate, there were great displays and that was a great day, a very positive start.” D Teacher

However the Principal reported feeling differently and somewhat unsure of what exactly would happen in School D.



“I remember when it was launched by the Minister I wasn’t quite sure what it was. I think as a staff we weren’t exactly sure where to take it.” D Principal

### **6.29.2 The ethos and culture of the school**

The Principal highlighted the ethos of the school as a critical factor in promoting children’s wellbeing. Both the Principal and the teacher felt that the staff played a significant role in providing a supportive environment not just for the children but also for the staff.

“We work mighty hard as a staff to affirm the children to make them feel good about themselves and we do it in an informal way and it is done by every teacher.” D Principal

“I think ourselves as a staff we are very supportive of each other and supportive of trying to get [healthy] messages out.” D Teacher

This ethos was also emphasised in the interviews with parents.

“They get on great here it is a lovely atmosphere ... like they are happy, they are happy in themselves and they are happy in school and even if they didn’t have a great day they would say whatever... there is a great communication between teachers and pupils. “ D Parent 2

Specific examples were given of how this atmosphere operates within the school culture.

“Three kids are starting in this school this year coming into my class and I think I have been very supportive to them and the kids have been very supportive towards them and the school in general because it is difficult to integrate in you know, it does take time. So from that point of view I think we are quite good on that.” D Teacher

“I feel that parents if they come to us with a problem they know that we are going to deal with it, compassionately, without losing the plot. “It is trying to win the children over rather than be negative. I think that is one of our strengths. I know it, I can feel it.” D Principal

“Any issues with bullying or anything like that would just be nipped in the bud here.” D Parent 1

“The Principal is great for sending the letters home and all that – the school to home communication is very good.” D Teacher

One of the ways staff promoted healthy messages was through demonstrating commitment to HPS principles themselves.

“The best way is to model it yourself, the kids pick up on things. If I am on yard and if I have to take my lunch out with me they are up and looking to see what I am eating...” D Teacher

“Two weeks ago we were praying for my friend’s Dad because he was sick and I think it is really healthy for them because they kept asking about him. They asked lots of questions... and it opened up that whole thing and they have lots of little worries. Because a lot of them their grandparents are sick and for some of them they associate sickness with death... talking things through I think they pick up so much from general chit chat with you [as a teacher].” D Teacher

The attitudes towards children were exemplified by one teacher’s remark that ‘a child is more than what they can write on a piece of paper.’ Being responsive to the needs of individual children and providing opportunities for them to shine were highlighted as methods for developing the potential of children in School D.

“One child in my class this year, she is an only child and she loves hugs and she loves to come up and hug, so you need to be there for them when they need you.” D Teacher

“We were doing a project with the local radio station and one of the children, her reading and writing was not good. She was brilliant on the microphone, she was fantastic. It was like turning on a switch – she was like Marian Finucane [well known Irish broadcaster].” D Teacher

### **6.29.3 Consistency of HPS message between home and school**

It was clear that parents valued the consistency of the message between home and school and felt that teachers have a hugely influential role with their children.

“Like you could say things to them but when they actually see things in front of them and someone [else other than the parent] speaks to them, they take it in more I think. D Parent 2

“It is good that [healthy messages] are being brought through here [school] and it is not just the parent.” D Parent 1

One parent noted that children can also play an influential role as a consequence of what has been learnt at school and this can act as a prompt to parents at home.

“The kids know the right kind of thing [to eat], sometimes us adults we forget.”  
D Parent 2

As HPS themes became embedded, it is clear that the HPS messages were more fully accepted as normal within the community of School D

“Healthy Eating has become well established so people know that we are for that and people have bought into that.” D Parent 2

#### **6.29.4 Parents valuing the benefits of a HPS approach**

Parents felt that school should not just be about the academic development of children but rather should be much broader in focus.

“It shouldn’t just be education [on literacy and numeracy] it should be education on everything, that is very important.” D Parent 1

“[HPS] is part of your education. You are educating the child to be healthy. Like there is no point as an adult educating you academically, you also need to be educated about being healthy because without that you are no good any other way.” D Parent 2

“A healthy child all through life will help the adult in every aspect of their life and even down to things work better for you if you are happier and healthier. Like [there will be] less days missed from work.” D Parent 1

“They are very environmentally aware...they would be much more aware of not leaving the lunch box full .... being aware of the dustbins and their surroundings [school] is very good for that and it makes them more rounded in their learning.” D Parent 2

However, it is notable that parents emphasise that the work on HPS in School D is focussed on the children rather than perceiving it as a whole school community approach. One parent described the purpose of HPS as “for the benefit of the kids.”

Some particular programmes of work were highlighted as valuable.

“The Food Dudes and all that and it was very good – like my children never ate red peppers before and now they do.” D Parent 1

Although this again was another area where views differed. While the parents expressed satisfaction with programmes such as Food Dudes the teachers indicated less positive reactions.

“I had a bit of an issue with Food Dudes –I thought it was such a waste of resources. It is very time consuming. A lot of the prizes or bribes [children received rewards for trying and eating new foods] the kids didn’t have an interest in them, they didn’t motivate them. I just found that the kids in my class the same kids who were healthy anyway before the programme started at all, they obviously were getting all the certificates and the goodies and the other kids they lost interest, they weren’t really pushed.” D Teacher

The school also participated in another healthy eating programme – Incredible Edibles – and the teacher felt similarly about this.

“We did do Incredible Edibles too. I did it with 2<sup>nd</sup> class – oh sweet lord. I remember this huge box of stuff arrived and there was administration, a lot of box ticking and it wasn’t as if we had enough to do – that was the way I felt about it.” D Teacher

#### **6.29.5 The promotion of health in the external environment**

The Principal highlighted how an increased emphasis on healthy living is now evident in the media and that there is wider public engagement with healthy messages.

“There is definitely a greater awareness out there [about physical health] and it is coming from everywhere. I think the County Council have done great work, I think the HSE has done huge work and that is brilliant. Definitely it is permeating because the 5k runs are becoming so prevalent - it is becoming a

trend, like cycling. You see more people cycling now as well as walking.” D  
Principal

#### **6.29.6 Discussion of the supports for HPS in School D**

The formal launch of the HPS Network was useful to the school community in that it highlighted the range of supports available to schools. The launch also broadened the school community’s perceptions of health.

The Principal and the teachers at the school placed a high value on maintaining a positive school environment that would promote children’s overall wellbeing and parents felt that this was achieved.

Parents felt that teachers played an influential role in promoting health messages to children particularly in relation to Healthy Eating. Parents stated that the school supported Healthy Eating through the development of the Healthy Eating policy, the promotion of Healthy Eating programmes such as Food Dudes and general lessons on Healthy Eating. Parent felt that they contributed by what they promoted at home and what they gave children in their lunches going to school. It was clear that parents highly valued the benefits of a HPS approach that have been adopted in School D and felt that it was important that there was consistency of the HPS messages children received at home and while in school.

The media and other stakeholders such as the local County Council were identified as playing key roles in promoting (or not) health messages. The Principal felt that over the last decade a lot had been done to promote physical activity. In terms of the school this translated into the development of a state of the art soft surface playground.

Although not mentioned specifically as a support by any member of the school community, the ongoing professional development of staff through participation in HPS Summer Schools and other training events would also have contributed to the embedding of the HPS approach.

#### **6.30 Barriers and challenges to HPS implementation in School D**

A range of barriers to the implementation of HPS in School D were identified by the stakeholders who participated in this study. These are presented below.

##### **6.30.1 Early challenges**

It is important to be aware of the context of the school community before introducing a new project or approach such as HPS. In terms of when the school initiated the Healthy Eating

Policy, the teacher indicated that the staff anticipated that the poor healthy eating behaviours that were evident in the school would be hard to overcome and staff felt these behaviours could come to dominate the lunch culture in School D.

“It was really, really, difficult because a lot of the children who were being good and who were bringing a sandwich and fruit and that, they felt totally left out and it was giving the wrong messages.” D Teacher

More significantly the teacher detailed the initial context for the school when HPS was first being introduced.

“We were going through a really difficult time with a particular child who was having extreme difficulties and upheavals at home and who was a threat to herself and to the staff and pupils and it was quite traumatic at the time.” D Teacher

The Principal reported that the demands from the DES regarding the implementation of the revised primary curriculum also presented challenges.

“I think the revised curriculum brought its own level of pressure.” D Principal

The teacher’s comments reflect a similar view towards departmental policy.

“The day is so busy you don’t get time to stop and pause. You are constantly, constantly on the go – it is like a conveyor belt. I would like more time and decreased class sizes so you could actually get around to everybody and engage.” D Teacher.

The teacher described an opportunity to change her practice when she is responsible for a smaller group and that the quality of her engagement is improved as a result.

“Some of the kids in my class are in choir for the Holy Communion ceremony so when they are gone I have other kids in the room [and a smaller group] and it is wonderful. I find myself having so much more fun with them – now we can do more one to one.” D Teacher

### **6.30.2 Competing with the Greens Schools Award**

The Principal did highlight that the HPS had to compete with other work going in the school and particularly its work on the Green Schools project.

“[HPS] was competing with a whole plethora of other things. I think that maybe the Green Schools hijacked the time span. You know the way you can only do so much and we received our fifth Green Flag last year.” D Principal

The Green Flag award requires quite a significant commitment from schools in terms of time. This was the fifth Green Flag the school had been awarded in nine years.

However, the Principal does somewhat contradict her earlier comment by indicating that she believed in the complementary nature of the two projects.

“Green School does tie in with being a healthy school because of the focus on smarter travel and the exercise.” D Principal

Similarly, the teacher also felt that the two initiatives were interlinked in many ways.

“The two of them [HPS and Green Schools] actually dovetail quite a bit.”  
D Teacher

The parents recognised that different projects had to share the space and time that schools could devote to particular activities and projects and consequently selection and priorities had to be decided. The parents recognised that involvement in Green Schools required a significant amount of work.

“One thing does tend to push other things out and they do have to pick things as they cannot do everything ..... maybe if they didn’t take a Green Schools Flag on for the next while there would be [space] for an emphasis to be placed back on health promotion. They cannot do everything.” D Parent 1

“Green Schools is a big commitment.” D Parent 2

#### **6.30.2.1 Differences in implementation between HPS and Green Schools**

The Principal highlighted that targeted concentration on a topic (in the case of Green Schools this was the environment) meant that Green Schools had a clear focus.

“The Green Flag is very specific.” D Principal

In contrast, HPS takes a much broader view which from the Principal's perspective is a drawback.

"HPS is so wide it was different to Green Flag being so specific around the environment. In HPS you have to consider the environment of the school, the emotional health and the physical health of the pupils so it has many different aspects to it. It is like a caterpillar." D Principal

### **6.30.3 The context of when the initiative was introduced**

The Principal indicated that timing was an important factor in terms of school's readiness when introducing change within a school and that School D was well prepared to fully embrace the Green Schools message.

"No matter what projects are presented to you, if you are not ready for them you are wasting your time. My predecessor and another teacher were hugely interested in this area [promoting the environment], growing vegetables and setting flowers with the children, so we built on that history. It didn't suddenly take off when Green Schools came in. We were ready for Green Schools and we had someone who was interested and who had expertise and someone who was very methodical in her approach." D Principal

In contrast, for HPS in School D no specific identified lead or champion was evident and this was an obstacle to its progression.

"It is hard at times to keep it going. You go through little valleys and then someone gets a burst of something and then you are off again." D Principal

It is clear from this comment that the Principal relies on impetus coming from within the school community. The teacher concurred with the Principal's distinction between the context for HPS implementation and Green Schools' implementation and highlighted the need for an on-site champion for HPS.

"I think maybe you need someone to spearhead HPS. I think that one of the reasons that the Green Schools was so successful was that we had someone who has a real interest in it and who has been there from day one." D Teacher



Without a lead for HPS the school was vulnerable to letting the initiative drift and it becoming less visible.

“I do think that this school does a lot of health promotion activity but it is labelled under different headings. I would say that people forget that there is a HPS side of things going on.” D Parent 1

The Principal acknowledged that the promotion of Green Flag within the school was influenced by the ‘kudos’ the school would receive in terms of positive external validation, while HPS focussed on having personal benefits within the school community itself.

“There is a touch of promoting the school about the Green Flag process but HPS is totally different to that ... it is not to promote the school, it is to help the people in it.” D Principal

#### **6.30.3.1 The challenge of the times we are living in**

The Principal emphasised the current context in Ireland and the severe demands being placed on citizens and especially parents.

“The times we are in are hugely challenging and getting people through that, that is a huge challenge. People feel at the end of their tether.” D Principal

“You have the obvious and you have the inner and oftentimes it is what is going on in people’s heads that is more difficult to help - the struggles that people have.” D Principal

The Principal identified the area of mental health as a gap in terms of giving it attention within the school community.

“We didn’t address any areas around mental health.” D Principal

This area was also identified by the teacher in relation to teachers’ wellbeing.

“In relation to gaps, looking after ourselves (the teachers) and looking after our health, I suppose is one [area we haven’t addressed].” D Teacher

On a more positive note, this aspect of teacher welfare is a priority for the Principal and it has been highlighted for attention in the coming academic year.

“We have discussed how we would like to get someone in to talk to staff about their own wellbeing. This is something we would like to do. The Board of Management has no issues paying for it but it is hard to find the right person. So that is an area we are going to address next year, during Croke Park hours to look at staff welfare.” D Principal

Also in the area of mental health and communication in the context where many families now have both parents working, parents mentioned the demands of combining work and parenting.

“You have to be always talking to your own kids and tuned in. For those [parents] who are working it is hard like working 9-5 it is stressful and it is hard to unwind then and you are trying to come down from your day at work so it is hard to tune into kids and sometimes there would be no speaking.” D Parent 2

This need was also voiced by the Principal who identified Parenting Workshops as a gap in terms of developing the wellbeing of the school community.

“A workshop with parents about coping with kids, parenting. I think that is definitely an area I would like to do work on because I know there is a need. Because parents are coming into me saying their child is driving them round the twist.” D Principal

The Principal felt that promoting more interaction with parents would be an area that the HPS could explore more in the future.

“Maybe more interaction, linking more with parents.” D Principal

Parents further specifically identified media advertising as unsupportive to promoting healthy messages.

“There are no healthy advertisements going on... in the evening are the advertisements for takeaways on telly - it is just so wrong. If the good outcomes were highlighted more to young people, if you are advertising the healthy thing you have to be making people more aware. Even if a few engage [with the healthy message] that is better than none.” D Parent 1

#### **6.30.4 Voluntary nature of participation in the HPS Network**

The Principal highlighted that because HPS is optional there is no strong drive to implement it within the school.

“It isn’t mandatory, you don’t have to do it. You can opt in or opt out.”

D Principal

Parents felt that there was a need to inject new life into the HPS initiative.

“Freshen the message {of HPS} up, rejuvenate it.” D Parent 2

The school community did volunteer suggestions of how HPS might be developed in the future. The Principal suggested a menu format with recognition of work done being acknowledged after each phase of work (similar to the Green School’s structured approach).

“I think if the HPS had a sort of menu and you do Phase 1 you could look at any one of these [list of topics] and then you go to Phase 2 and so on, with some kind of recognition, an acknowledgement that you have completed each phase.” D Principal

The teacher highlighted that the initiative should be practical and offer variety in how a topic might be treated.

“[HPS] would have very practical, very easy and readymade resources so that we could [just] roll it out - there has to be a few different aspects to [it] because you get tired of doing the same things all the time.” D Teacher

The Principal was optimistic about the school’s continued engagement with HPS.

“While we mightn’t have done everything under the HPS banner it is definitely important to us and something we want to continue with. [We are] ready now to look and see if there is something we could do to achieve HPS recognition.” D Principal

#### **6.30.5 Discussion of Barriers and Challenges**

Prior to engaging in the HPS Network, the school had identified poor nutrition habits as an area that needed attention. Although the staff anticipated that it would take some time to introduce and embed Healthy Eating practices, they reported that changes began to happen immediately. While the development of the Healthy Eating Policy was the starting point

different activities were included in the school's HPS Action Plans over the years to ensure that Healthy Eating remained highlighted within the school community. It is evident that a very strong healthy eating base has now been established in the school culture.

The Principal and the teachers indicated that the demands of implementing the revised primary curriculum limited how many additional projects the school could engage with. This was not helped by the perception of HPS as very broad and all encompassing. HPS was further challenged by the school's long involvement with the Green Schools initiative. The Green Schools project required significant commitment from the school community and the school's dedication to this aspect of development resulted in HPS being pushed to the side somewhat.

From the beginning the school lacked a clearly identified HPS School Coordinator (although the Principal assumed responsibility for most of the actions associated with the role). School D would have benefitted from having a nominated Coordinator to act as an in-school champion solely for HPS.

Parents highlighted the pressures of modern daily life and in particular the demands on homes where both parents are working. The Principal noted the detrimental effects of the downturn in the economy at both school and community levels and indicated she would like to focus more on promoting the mental health aspects of HPS in the future. In particular, the Principal would like to encourage more parental interaction with the school and she felt that the overall health and wellbeing of the school community could be enhanced through the provision of parenting workshops that focussed on developing general parenting skills.

### **6.31 Summary of School D in terms of the elements of a HPS**

In this section School D is considered under the four element of the HPS approach.

#### **6.31.1 Environment**

Due to the combination of School D's work on the Green School's initiative and its involvement in the HPS Network, the school provides evidence of the value of adopting the settings approach advocated by Dooris (2004). This is where an ecological approach is adopted which views health as the dynamic product of interactions between individuals and their environments. It is clear that School D provides a comprehensive approach to the physical wellbeing of the whole school community. This can be seen in the development of the physical environment, which staff commented on as being uplifting, in the provision of

high quality play amenities in the soft surface playground, through the development of safe drop off and collection procedures outside the school and through the encouragement of park and stride, Walk to School etc.

Parents and pupils were supported in participating in the different aspects of the school's developments in these areas which is considered key to successful HPS implementation (see IUHPE Guidelines and Protocols for HPS, 2007)

### **6.31.2 Policies**

School D has a wide range of policies in place which actively promote health: Healthy Eating Policy, Relationships and Sexuality Education, Green Schools Policy, Code of Behaviour, Anti bullying Policy etc. Although many of these policies were developed in partnership with parents, and in appropriate instances with pupils, they could be promoted more through the school's website, which is a valuable communication resource particularly for parents who don't directly engage in the development of such protocols.

The most important policy in terms of HPS that was identified by the school community was the Healthy Eating Policy which resulted in a significant change in eating behaviours and the Healthy Eating culture of the school community. The development of this policy also triggered the school's engagement in HPS.

### **6.31.3 Curriculum**

While the school does cover the SPHE part of the curriculum extensively (through regular timetabled lessons, the delivery of Stay Safe and Walk Tall and so forth), there did not appear to be a high level of awareness of this aspect of HPS within the school community. The only formal references to HPS related lessons mentioned by parents was the delivery of the Food Dudes programme (which was also referenced by three pupils) and one parent mentioned children doing classes on the Food Pyramid. A small number of pupils mentioned health themed talks from external experts (local GP, Public Health Nurse etc).

The Principal and staff actively engage in continuing professional development in areas of the curriculum that directly relate to SPHE and HPS implementation, for example, through participation in HPS Summer Schools, attending SPHE related training events etc.

### **6.31.4 Partnerships**

The school has good relationships with the other local schools in the area in particular with the boys' primary schools (with whom it shares a parent cohort). The school also showed

willingness to attend events in the other schools to support HPS implementation and other activities.

The Principal values good communication and has developed strong links with various stakeholders in the local community (the Gardaí, the GAA, a range of sporting and cultural agencies etc). The school's long term engagement with the Green Schools and HPS also indicate the value placed on participating in partnerships that reach beyond the local level.

### **6.32 Summary of the key points from Case Four**

In terms of School D, the perceptions of health and the implementation of HPS were strongly biased in favour of promoting children's physical health. School D implemented a wide range of measures to promote physical activity and this theme was covered comprehensively not just in HPS but also as a feature of the school's Green Schools' involvement. The physical environment was highlighted as contributing significantly to pupil and staff wellbeing. Eating healthily and being active emerged as the dominant themes with regard to HPS actions.

The key supports identified for the development of HPS in School D included:

The **formal launch of the HPS Network** had an impact at the school level in relation to developing the school community's depth of understanding and broadening perceptions around health promotion and HPS in general.

The **ethos and culture of the school** meant that the school was willing to engage in whole school community activities. The school demonstrated long term commitment to projects initiated in the school.

**Parental participation and support** emerged as a important contributor to HPS implementation and this was enhanced through the Principal's maintenance of good and regular communication between home and school. Parents highlighted the importance of consistent messages being given to children not only from home and school but also from other external sources.

The Principal considered **increased awareness around health issues** and the **promotion of health by local authorities** and national agencies to be a welcome support to the school's own local endeavours.

The key barriers to the development of HPS in School D included:

**Limited time for completion of extra-curricular projects** meant that School D had to exercise deliberate choices with regard to which initiatives they would engage with. This brought HPS into competition with the Green Schools Project and while the work of both initiatives was in many ways complimentary, the school's long tradition of environmentalism meant that the community's main attention was focussed on Green Schools rather than HPS.

**Lack of a focussed local champion.** No HPS Coordinator was ever appointed in School D. Although the Principal was committed to the project, it has to be considered that a designated Coordinator may have helped to ensure HPS status in the school was maintained at a high level.

The Principal pointed out that the **voluntary nature of HPS** participation may have had a bearing on the HPS implementation (although it should be noted that participation in Green Schools is also voluntary).

**The challenges of the times.** The adults in School D highlighted difficulties being faced in terms of the effects of the economic recession. Parents specifically mentioned the pressures on family life from both parents working and the Principal indicated the need for the provision of mental health and parenting skills workshops and that these were gaps she was hoping to address in some way in the future through HPS. These are highly sensitive areas to explore and may go some way towards explaining the Principal's hesitancy about what to do with HPS at the beginning of the process. More optimistically, they may indicate that School D's involvement in the HPS Network will be broadened from its strong focus on improving children's health to encompassing the wellbeing of the wider community.

## **CHAPTER SEVEN – WITHIN CASE AND CROSS-CASE ANALYSIS**

### **7.1 Introduction**

In this chapter the findings from the cases will be considered in more detail. Firstly, the data from the different stakeholders in each case will be examined in terms of similar and /or contrasting perspectives identified. Secondly, the same stakeholders in each of the school cases will be compared and contrasted to identify any overarching patterns in their views on health and their experience of HPS implementation. Thirdly, the overall cases will be considered to highlight the key themes identified in relation to the supports and barriers to HPS implementation and the development of the HPS Network. Finally, the study is considered through a ‘complexity’ lens and features of Complex Adaptive Systems exhibited in each of the cases are highlighted to provide a more integrated account of the data.

### **7.2 Within case analysis**

In this section, each case is taken in turn and the different perspectives of the various stakeholders are compared and contrasted.

#### **7.2.1 Within case analysis of CASE ONE**

The stakeholders in Case One comprised of partners from the Health and Education sectors. All the stakeholders agreed on the following key supports for the development of the HPS Partnership:

- The multi-disciplinary nature of the Steering Group and the Technical Working Group.
- Having good governance and accountability mechanisms in place (clarity of roles, Terms of Reference for different groupings, consensual decision-making, good record keeping, regular review of actions).
- Having a shared goal, which did not clash with individual agencies remits or objectives.
- The ethos and culture of openness and trust that was established in the Partnership.
- Having dynamic HPS Champions within the group.
- Good timing (initiated prior to economic recession and at an opportune time for the DES agenda of encouraging schools to engage in self assessment).

In terms of the obstacles to the development of the HPS Partnership, the stakeholders from the Education and Health sectors agreed on the following barriers:



- The political and economic upheaval experienced over the last decade due to the effects of the economic recession.
- Changes in the composition of the Partnership, which resulted in the loss of key personnel and their non-replacement, and the reduction of the size of the core Steering Group.
- The initial lack of a clearly defined HPS award as an accreditation mechanism for the work done by schools.
- Over familiarity between the partners across the timespan of the project leading to an unwillingness to cause dissensus.

There were a number of areas where divergence of opinion emerged between the Education and Health partners.

All the education partners indicated that they felt there was no need for a formal Induction process when joining the HPS Partnership. In contrast, three members of the Partnership from the Health sector indicated that they felt a pressure to catch up with existing members after joining the project later in its development. Two also reported that they felt less able to influence developments as a result.

Long term partners from the Health sector reported feeling an initial period of struggle due to the demands of forming the Partnership simultaneously with developing the process and the supporting infrastructure and resources. Additionally, at times of upheaval the Health partners reported an increased pressure to ‘carry’ the process forwards.

### **7.2.2 Within case analysis of CASE TWO**

The stakeholders in School B comprised of the Principal, teachers, parents and pupils.

The Principal held a very broad conception of health, which encompassed all the elements of HPS (Environment, Curriculum, Policies and Partnerships) from the very beginning of School B’s involvement in the HPS Network.

The teachers’ perceptions of health and HPS implementation varied over the course of the project. It was clear that one teacher’s interpretation of HPS broadened significantly due to the school’s involvement in the HPS Network. Another teacher’s comments highlighted that

experiencing HPS at the early stage of a teaching career increased the teacher's openness to implementing HPS.

Parents identified HPS as a mechanism for developing good relationships within the school community and offering a holistic approach to supporting children's development. Parents were aware of, and involved in, the wide range of activities which had been initiated as part of School B's Action Plans for HPS.

Somewhat maturely for this age group, the pupils in School B reported that promoting health in the school community was a collective responsibility. While their perceptions of health were quite diverse, Physical Activity and Healthy Eating emerged as the main aspects of what it means to be healthy to the young people both in school and at home.

All the stakeholders identified and agreed that the following aspects supported the implementation of HPS in School B:

- The Principal's enthusiasm and motivation encouraged the early and continued adoption of HPS Action Plans.
- The breadth of activities HPS encompassed ensured that there was something of interest to all members of the school community.
- All the adults indicated the importance of the parents engaging and supporting the process.
- Good communication between school and home.
- The promotion of children's participation.

Discrete aspects of HPS were identified by different stakeholders as individual supports. Not surprisingly, the Principal and the teachers highlighted how HPS is supported through the delivery of the SPHE curriculum. One teacher identified the autonomy of the classroom as a support for HPS implementation in that you could promote children's welfare in the micro environment irrespective of levels of commitment in the wider school. Some parents saw involvement in HPS as a way of making friends and contributing in the local community.

All the stakeholders in School B agreed that the following acted as barriers to HPS implementation:

- The time commitment involved.
- Competing demands from multiple projects.

- External pressures (for the Principal and teachers this came from DES restrictions on Posts of Responsibility, curriculum overload and the demands of implementing the revised curriculum, PISA results leading to concentration on Literacy and Numeracy: while for parents this came from the effects of the economic recession, increasing rates of two parents working and decreasing spirit of voluntarism in the community)
- The adults felt that the lack of collaboration with other schools was a deficit in terms of greater learning from the process.

Other barriers identified by individual stakeholders were identified.

- The Coordinator would have liked if HPS had been mandatory and at times found the Principal's enthusiasm somewhat overwhelming.
- Teachers wanted to maintain a distinct boundary between home and school, for example, not wanting to be 'food police', strongly welcoming the introduction of formal appointment system for parents.
- Parents highlighted the need to have more parents involved in projects to ensure sustainability.

### **7.2.3 Within case analysis of CASE THREE**

The Principal and teachers had a broad conception of health, yet there was very little knowledge of the evidence base of HPS amongst teachers and Principal and no formal linking of education attainments to the work done during HPS implementation. The Principal in School C stated that the school's involvement in HPS helped to put a structure on what had been a disparate array of informal activity. Teachers felt that HPS had to compete with other priorities that emerged during the school year.

The teacher who acted as the HPS coordinator in School C had a broad view of health but self identified a bias towards the curriculum element of HPS (which to some extent is understandable as this teacher was a subject specialist in this area and had overall responsibility for its delivery in the school). As a result, a lot of the responsibility for raising awareness and facilitating the embedding of HPS fell to her.

The parents also had little knowledge of the theoretical underpinnings of HPS, though they demonstrated a keen awareness of the Action Plans worked on in School C and the need for parental engagement in HPS implementation. Parents were very supportive of anything that would promote their children's health.

The pupils in School C had a very broad conception of health. Healthy living and keeping your body healthy through Healthy Eating and Exercise were mentioned by all the young people. Mental Health, Friendship and Family Relationships were also emphasised. Additionally, minding pets and getting enough sleep were identified as part of an overall healthy lifestyle.

The pupils felt some teachers were more involved in HPS than others. Teachers who had a specific interest in some aspect of health, for example, promoting physical activity or the resource teacher's interest in the emotional aspects of child development, were particularly highlighted by the children. This provides support for the idea of the teacher as a role model for health behaviours being promoted.

The following supports for HPS implementation were agreed by all the stakeholders in School C:

- Role of the HPS Coordinator was viewed as pivotal for successful implementation
- Pupils' contributions were valued by all stakeholders with the children expressing the view that they had a part to play and they were listened to
- Engagement of the whole school community
- The democratic and effective meetings of the school's HPS Working Group.

All stakeholders in School C identified time constraints as the key barrier to HPS implementation. The Principal and teachers felt the time allocation to the SPHE curriculum was too limited and that the lack of a national mandate from the Department of Education on HPS also restricted its implementation. Parents highlighted the demands of involvement in school projects as a constraint and indicated that the same parents repeatedly were called on to engage in supporting school initiatives. Pupils identified the limitations of developing the school site for physical activities and also highlighted that minimal resources (equipment) are provided at break times to encourage more physical activity.

#### **7.2.4 Within case analysis of CASE FOUR**

The Principal and teachers perceptions of health focussed largely on physical health. The Principal stated that rising levels of obesity reported through the media had initially triggered her to develop a Healthy Eating Policy in School D and this led to the school's involvement with the HPS Network. The staff in School D linked their perceptions of health with another initiative – the Green Schools Award – particularly in relation to the Smarter Travel elements

of the Green Schools programme. The school's physical environment was also highlighted by teachers in terms of promoting overall wellbeing. The school's health promoting activities were considered for the school community as a whole and not just as something that would benefit the children.

The parents viewed health in relation to the longer term impacts of particular practices on their children's overall wellbeing. For example, parents linking the Healthy Eating Policy to a reduction in risk factors for cardiovascular disease, that is, diabetes, obesity. The parents reported that Healthy Eating was now embedded within the school culture. Parents also viewed health in terms of personal development and social and emotional health.

The pupils in School D had a biased perception of health in that they strongly emphasised physical health. The pupils reported that School D was very good at promoting their physical health, highlighting the wide variety of opportunities provided to engage in physical activity and how healthy eating is promoted in the school community. However, it should be noted that when pupils spoke about healthy eating they indicated that this was promoted through a culture of restrictions on certain foods that stressed what was and was not accepted as 'healthy'.

In relation to supports for HPS implementation the pupils, parents, teachers and Principal all mentioned how influential teachers are as role models to children. All the adults indicated that strong links between home and school in terms of good communication and consistency of the messages given to children promoted HPS amongst the school community. All of the stakeholders in School D highlighted the culture and atmosphere in the school as a support to the development of the school as a HPS. The Principal, teachers and parents noted the commitment of staff to the creation of a healthy and supportive emotional environment.

The barriers to HPS implementation that were mentioned by the stakeholders in School D included:

- The challenge of a poor eating culture within the school community initially
- Competing demands on the school staff through the requirement to implement the revised curriculum, School D's long term involvement to the Green Schools initiative and the negative messages prevalent in the media.

### **7.3 Cross case analysis**

In this section the same stakeholders in each of the school cases are compared and contrasted to identify any overarching patterns in their views on health and their experience of HPS implementation.

#### **7.3.1 Cross case analysis of Principals**

**School B's Principal** had been in post for over 20 years and retired in 2013 (just as the doctoral study data collection period was nearing conclusion). The Principal had embraced the HPS process from the beginning and continued to support its implementation up till retirement (arranging for handover meetings with the incoming Principal etc). School B's Principal viewed engagement in the HPS Network as an opportunity to take stock and review what had been achieved and what needed to be done in relation to promoting the welfare and development of children.

The Principal appointed a staff member as the school Coordinator for HPS and this appointment was initially deemed a Post of Responsibility. Following direction from the DES in 2010, Posts of Responsibility could no longer be linked to non curricular duties and were only allowed to be linked specifically to subject specialisms. (It should be noted that Posts of Responsibility attract a financial allowance incorporated into teachers' salaries).

The Principal and Coordinator worked closely on HPS implementation throughout the school's engagement in the HPS Network although at times in the beginning the Coordinator felt that this could be a little constraining. The Principal valued the HPS Network as a personal support and highlighted that the strength of the Partnership is that it is a neutral and external support independent of the DES.

The Principal held a broad conception of health and while emphasising that the primary function of teachers is as educators, he strongly promoted the HPS process by linking it with the full implementation of the SPHE curriculum. While the implementation of HPS presented some challenges to the Principal in terms of parental involvement, it was clear that the Principal placed an enormous value on the engagement of parents in all aspects of the school's development.

The Principal identified time constraints as the chief barrier to HPS implementation and in particular highlighted the increasing administrative demands being placed on teachers, the

challenge of the revised primary curriculum and the sheer volume of diverse projects being suggested to schools.

**School C's Principal** has been in post since 2009 and has worked for the school for over 20 years. The Principal appointed the SPHE Specialist in the school to act as HPS Coordinator. The Principal actively engaged in HPS and attended almost all school Working Group meetings and facilitated same. The Principal worked closely with the HPS Coordinator throughout the process and this was viewed as supportive by the coordinator. The Principal considered that the Coordinator was a critical factor in the success of HPS in School C.

Both the Principal and the Coordinator valued the support of outside expertise from the HPS Partnership. The visits by HPS Network personnel and their inputs were highlighted as helpful in engaging staff, particularly at the early stages of the process. The Principal emphasised the importance of strong staff support and participation in HPS as a key factor enabling implementation of Action Plans. The Principal viewed the HPS Partnership as independent from the DES and also independent of her and as such could be used as a means for 'objectively' promoting different Action Plans to staff.

The Principal actively supported and promoted pupil engagement and identified HPS as a mechanism for identifying potential pupil strengths that may not be picked up on in the normal day-to-day activities of the school. While the Principal also supported and promoted parental involvement in the school (placing a particular emphasis on engaging with parents new to the school community), she recognised that parents themselves were under considerable pressures from work demands, the effects of the economic recession and the changing nature of modern life.

The Principal held a holistic view of health and recognised that the full implementation of the SPHE curriculum takes time particularly in relation to allowing time for reflection and the internalisation of learning. The Principal felt that HPS implementation complemented other work being done in the school for example, the work on Incredible Years.

**School D's Principal** has been a teacher in the school since the early 1990s and has been the Principal for over 20 years. The Principal took on the role as the HPS Coordinator within the school as she felt it was 'her turn' to take on responsibility for a specific project. The Principal was influenced by media reporting on obesity, which she identified as the spur to initiate explicit health promotion activity within the school. The Principal's interest in this

area influenced the themes chosen by the school for focus during HPS implementation, that is, Healthy Eating and Physical Activity. According to the Principal, the successful introduction of a Healthy Eating Policy led to the school's increasing engagement with the Network.

The Principal highlighted that pressures emanating from the introduction of the revised primary curriculum curtailed the school's involvement in additional projects and that HPS had to compete in particular with the school's strong engagement in Green Schools.

The Principal highlighted that the voluntary nature of participation in the HPS Network contributed to the lack of a strong drive to implement the process in the school; although this is somewhat contradicted by the school's clear commitment to Green Schools over a long period of time – an initiative which is also voluntary. This could be viewed as an example of another paradox in the complexity of being a HPS. This is partially explained by the Principal indicating that she felt the specific and structured process of Green Schools was more straightforward in comparison with what she felt was the all encompassing never ending nature of HPS. The Principal did identify shortcomings in relation to promoting staff health and the gap in relation to promoting mental health throughout the school community and intended to address those areas in the short term using the HPS model and process.

#### **7.3.1.1 Comparing and contrasting the Principal's role and engagement with HPS**

The descriptions of the three school cases indicate that the role of the Principal is very significant in terms of promoting the initial engagement of schools with the HPS concept. The Principals acted as gatekeepers for the project as they were the first point of contact for the HPS Partnership. HPS would not have been introduced in any of these schools without the Principals' permission.

Each of the Principals had been working in their schools for over 20 years and as such they were influential figures not just in the school environment but also in the wider community.

The HPS Partnership, which oversaw the work of the HPS Network, comprised of members who were more regionally and nationally strategic in their orientation and while some members of the school community (the Principals and some of the teachers) may have known some of the partners, they would have been at a remove from the local communities where HPS was going to be implemented. Consequently, the Principals' endorsement of HPS lent



the project significant credence at the local level during the initial stages of the development of the HPS Network, when it was still a relatively new concept.

All the Principals actively supported engagement with the HPS process through attendance at meetings to introduce the project to teachers and parents and through their involvement on their schools HPS Working Groups. The Principal of School B, who stopped attending the Working Group meetings after two years, remained fully informed of plans and developments through briefings from the school's HPS Coordinator following each meeting.

Two of the Principals (Schools B and C) held very broad conceptions of health while one (from School D) was clearly focussed on promoting physical health. This Principal indicated that media reporting on rising levels of obesity had triggered her initial engagement with the HPS Network and subsequently the Action Plans of School D reflected this influence. The school strongly promoted Healthy Eating and Physical Activity through the development of appropriate policies and also through the infrastructural developments carried out in the school environment – for example, creation of soft surface playground, painting of school buildings, safe parking and entrance and egress constructed etc. It is fair to say that these developments were also influenced by the school's strong engagement with the Green Schools' Initiative.

Two Principals (Schools C and D) reported having little knowledge of the evidence base of HPS, while the Principal of School B indicated a good knowledge of the literature and had attended and presented at an international HPS conference reporting on School B's engagement with the HPS Network in the midwest region of Ireland.

The Principals of Schools B and C appointed a teacher as the HPS Coordinator within their school communities. The Principal of School D took this role upon herself. The Principals of Schools B and C reported the invaluable role of the Coordinator in the promotion of HPS and they worked closely with them during implementation. The efficacy of having a non Principal as a HPS Coordinator may be better than a Principal who has many competing demands and responsibilities in their role.

The three Principals further reported that they valued the support received from the HPS Partnership and in particular highlighted its separateness from the Department of Education. The Principals indicated that involvement in HPS had provided an opportunity to reflect on school practices; “an opportunity to take stock”, to review what had been done and any gaps

that needed addressing and “put a structure on a disparate array of school activities” that related to health.

### **7.3.2 Cross case analysis of Teachers**

**The teachers in School B** indicated a broad conception of health in the approach they adopted to HPS implementation. Experience of HPS at the early stages of a teaching career was highlighted as important for openness to developing a holistic approach to child development and not just focussing on academic achievement. The use of external expertise was highly rated by the staff. The teachers stated the need for strong supportive leadership for the project to enable its uptake across the school community. Regular communication about what was going on in the school in relation to HPS was seen as essential to its success.

The teachers identified many ways that HPS can support the integration of SPHE across the curriculum. However, the school’s HPS Coordinator reported the lack of a curricular mandate for HPS as a drawback and would welcome a specific resource pack for developing HPS in the school community. The HPS Coordinator reported that HPS was prone to periodic bursts of activity and focus. The teachers in School B saw value in linking HPS activities to themed weeks or events in the school year. The teachers indicated that they welcomed the breadth of activities encompassed within HPS and that returning to key themes was necessary in order to embed health promotion practices within the school.

The teachers were in favour of active student engagement in the HPS process although there was mixed opinions regarding parental involvement. The challenge of recruiting parents to the school Working Group was noted as problematic by staff. Staff particularly indicated concern about crossing boundaries between home and school, for example, in relation to giving direction regarding school lunches, the welcoming of the new appointments system for parents to meet with teachers.

The school’s HPS Coordinator enjoyed the role and highlighted the importance of having a supportive and engaged Principal. The Coordinator highlighted that teachers’ wellbeing was a gap in the school’s HPS provision. The teachers reported that no linking with other schools had happened.

### **The teachers in School C**

The Coordinator of the school’s HPS Working Group demonstrated a broad understanding of the elements of HPS and the principles underpinning it. The Coordinator is a specialist in

SPHE and pointed out that all subject areas in the school have an appointed facilitator. The teachers noted that linking HPS messages with other work going on in the school helped to support HPS implementation. The Coordinator identified the wide scope of HPS as a threat to the longer term sustainability of the project particularly in the context of it competing with other DES priorities.

The teachers appreciated the importance of promoting health but felt that it was not necessarily a priority all the time. For this group of teachers, SPHE as the curricular element of HPS had to compete with other parts of the curriculum. The Coordinator felt that it was a challenge to keep HPS on the agenda and while acknowledging the Principal's support for the initiative, she was conflicted about asking colleagues to take on extra work associated with HPS as she was aware of the demands the staff were under. The Coordinator highlighted that the staff needed the impetus provided by the outside influence to fully engage in HPS. This teacher felt that more emphasis on HPS by the Department of Education would support the longer term sustainability of the project.

The teachers in School C indicated that most of their knowledge and understanding of HPS was learned from the Coordinator. The Coordinator felt the wider community (parents and other outside agencies) was very supportive to the school and its work in the area of promoting health.

**The teachers in School D** reported that growing concerns in the staffroom about the unhealthy diets of many children in the school triggered the initiation of health promoting activities. Some teachers identified the impact of the formal launch of the HPS Partnership as a significant and positive starting point.

The teachers were surprised at how quickly a change in culture was brought about through the introduction of a Healthy Eating Policy. The teachers reported a significant growth in personal awareness of the breadth of health promotion and their understanding of concepts of health through the school's engagement in the HPS Network. The teachers highlighted the impact changes in the physical environment made to their own wellbeing (tree and flower plantings/ painting outside walls a different colour etc). However, they felt that teacher welfare should be made more of a priority.

The teachers highlighted the importance of having supportive environments in which to work. They particularly emphasised the importance of teachers as role models of health

promoting behaviours and emphasised how important it was for teachers to be approachable for parents.

The teachers indicated that overly cumbersome or bureaucratic approaches would put them off implementing new initiatives. The lack of time and demands of completing actions under the Green Schools Award were noted as competing with the space needed for HPS implementation. The teachers also felt that a local champion for HPS would help to spearhead the project in the school.

### **7.3.2.1 Comparing and contrasting the teachers' perceptions and engagement with HPS**

The teachers in the three schools indicated that they held broad perspectives of health. The teachers in School D reported a significant increase in their understanding of concepts of health through their engagement with the HPS process. Staff, and in particular the HPS Coordinators, indicated that they viewed the access to external expertise and support through the HPS Partnership as a valuable resource. Teachers from all three schools highlighted that staff welfare should be given a focus within HPS (two of the schools have plans to develop Action Plans to address this gap in their next cycle of HPS).

While School C had a designated specialist as a lead for each subject in the school, this would appear to indicate that each subject had equal status. However, this was not necessarily the case. In each of the schools it was clear that HPS had to compete in a congested space for attention, whether this was vying against other Department of Education priorities such as the focus on literacy and numeracy, other well established projects within the school for example the Green Schools initiative, against other subjects in an overloaded curriculum or simply the day-to-day demands of school life. Coordinators in all three schools felt a mandate for HPS from the Department of Education would secure the engagement of the entire teaching staff.

The teachers in Schools B and C, strongly favoured linking HPS implementation with annual themed days / weeks in the school calendar (for example, Anti Bullying Week, Cycle to School, Youth Mental Health Days) as a means of keeping health related topics on the agenda. Staff in School B reported that the breadth of HPS activity was a strongly supportive factor in HPS implementation. However, the Coordinator in School C found the wide scope challenging. Teachers from Schools B and D suggested the development of a resource pack that was accessible and readymade would improve the adoption of HPS related policies and processes.

The teachers' reports reveal that staff are fully supportive of pupil involvement in HPS and to a slightly lesser degree parental engagement. All the teachers identified HPS as an opportunity for pupils to develop and realise their potential. Some comments by staff from Schools B and C indicated that teachers find parental engagement somewhat problematic. Firstly, through trying to recruit parents to get involved, and secondly, through conflicting feelings about maintaining a personal / professional balance with parents. In contrast, teachers in School D highlighted the importance of being approachable for parents.

### **7.3.3 Cross case analysis of Parents**

**The parents in School B** were very aware of all of the activities that the school had implemented due to its involvement in the HPS Network and they welcomed the initiative in their school. While parents felt that they had a strong voice in the development of the school, they indicated that not enough parents get involved. The parents identified that there was an opportunity in attracting the parents of younger classes which should be targeting to increase parental engagement. Parents on the HPS Working Group indicated that they got involved for a number of reasons: to make friends, to contribute something back and to promote healthy messages to their children. The parents felt that their inputs were valuable and valued and that good communication between home and school ensured consistent messages were being received by children. The parents valued the school's role in endorsing health behaviours and felt that at times it had more influence on their children than they did. The parents felt the school was supportive to their needs and in particular referenced the use of outside expertise being brought in to help inform parents of tips and good practice in different aspects of health promotion. The parents were not aware of any collaboration with other schools about HPS.

**The parents in School C** stated that they did not have much knowledge of the HPS concept or that the school was a member of the HPS Network. However, the parents seemed to be clearly informed of the activities associated with HPS which had been and were taking place. The parents identified a broad range of health promotion plans and actions and had been involved in supporting these. The parents felt that because HPS was not mandatory this put a lot of pressure on the Principal and the staff to spearhead the introduction of a voluntary initiative. The parents clearly identified the Principal and the HPS Coordinator as the drivers of the project in the school. The parents noted that particular emphasis was placed by the Principal on engaging with the parents of new pupils in the school community. The parents were very warm in their praise of the students' involvement in HPS and felt that the pupils had much to offer and gain through their engagement. The parents felt that more should be

done at a governmental level to promote health messages, in terms of policies, advertising and cross agency collaboration involving all key stakeholders.

**The parents in School D** were very much aware of the longer term consequences of unhealthy behaviours particularly in relation to Healthy Eating and Physical Activity and reported that the school had significantly changed the poor eating culture over the past decade. Although the Principal and teachers had seemed to take quite a narrow focus to HPS, the parents comments indicated that a much broader scope of activity was in evidence in School D, i.e., that besides Healthy Eating and Physical Activity the school had looked at areas such as Bullying, Internet Safety, Personal Hygiene and over Personal Development very well. The parents in School D identified the importance of teachers as good role models for their children and considered that the length of time that children are in school meant that schools could have a significant influence on their children. The parents specifically highlighted that the pupils in the school are extremely environmentally aware through their involvement in Green Schools

#### **7.3.3.1 Comparing and contrasting parents' perceptions and engagement with HPS**

The cross case analysis of parents' views on HPS provides evidence that parents are very aware of the activities that are going on in schools that aim to promote their children's health. However, most parents were not aware of the theoretical underpinning of HPS or the evidence base that indicates the benefits to schools for adopting a focus on health. Even without this, parents valued HPS implementation as a support to their role in parenting. Parents felt that the consistency of the messages that children hear needs to be maintained. It is hardly surprising then that good communication between home and school was noted as the one of the most important supports for the HPS process by the parents. In School C the parents and the Coordinator identified the Principal and the HPS Coordinator as the drivers of the HPS process within the school, and that this was necessary as HPS lacked mandatory status.

It was clear that across the schools a small group of parents are repeatedly called upon to contribute to not just HPS implementation but also to other project work and initiatives that are on-going in the schools. While parents in schools B and C identified personal gains and growth in understanding from participating and volunteering for roles within the school, the challenge of recruiting other parents was noted as problematic. While the need to engage more parents was identified as a priority for parents already involved, time constraints on

other parents were the main barrier noted by these parents. The parents in School C were aware that parents of new pupils were specifically targeted by the Principal for attention when their children first joined the school and they felt that this was a good strategy.

Parents in all three schools highlighted the influential role school in general and teachers more particularly play in shaping children's health behaviours. Parents from each of the schools identified teachers as role models and emphasised the impact health messages from teachers had on their children 'when they hear it from [the teacher] it endorses it more', 'when the class teacher says it, it has more impact', 'they take it in more' etc. Pupils' responses indicate they are attuned to a spectrum in the degree of commitment by teachers to promoting certain messages. Teachers in School D reported an awareness of their influence and felt they should be role models of good behaviour as 'kids pick up on things'.

#### **7.3.4 Cross case analysis of Pupils**

**The pupils in School B** demonstrated very broad and complex views of health and while highlighting physical activity and healthy eating, indicated that health also encompassed access to fresh air, environmentalism, mental and emotional wellbeing. The children's perceptions were sophisticated and nuanced enough to illustrate that they distinguish how school and home promoted health in different ways. The Environment element of HPS was to the fore in the views expressed by the children of School B. This group of children also clearly demonstrated that they want and feel they have a contribution to make to the school's overall development.

**The pupils in School C** also demonstrated a broad conception of health. While healthy living through Healthy Eating and Physical Activity were mentioned by all the pupils, mental health, friendship and family relationships were also strongly emphasised by the group. Minding pets and getting enough sleep were further noted as important. The pupils reported that some teachers were more interested in promoting health messages than others and that some teachers were active role models in this regard. While they identified that the Food Pyramid was covered extensively in the school curriculum, they did not feel that there were many explicit 'health' lessons covered.

**The pupils in School D** displayed perceptions of health biased towards their physical health and they reported that School D was very good at promoting this aspect of their health. They described a wide range of physical activities that are supported and provided throughout the school. While Healthy Eating was part of this conception of health, it was clear that the pupils

felt that this was an imposed measure in contrast to how physical activity was an encouraged action. School D's commitment to Green Schools was also evident in the number of mentions of this initiative by the pupils.

#### **7.3.4.1 Comparing and contrasting pupils' perceptions and engagement with HPS**

The pupils in Schools B and C demonstrated very broad conceptions of health. Pupils in School D focused significantly on their physical health. All pupils highlighted Healthy Eating and Physical Activity as the main topics that school promoted. The pupils in the three school sites identified teachers as role models. Most pupils noted that having a wide variety of activities to promote healthy messages was likely to be the most successful in engaging the student body. While most of the pupils that participated in the focus groups had direct experience of participating on their school's HPS Working Group, pupils in School B specifically reported that they wanted to be consulted about school plans and they felt they had a contribution to make to the school's overall development.

#### **7.4 Comparison of supports identified across the cases**

The supports identified by all the stakeholders involved in this research are presented in Table 7.1. The supports are listed in the left hand column and the stakeholders are identified across the top. Supports identified by stakeholders are indicated by an asterisk in the corresponding box. The supports have been grouped thematically.



**Table 7.1: Supports identified by stakeholders**

CASES →		HPS Partnership		School B				School C				School D			
SUPPORTS to HPS implementation ↓	Stakeholder	Education Partners	Health Partners	Principal	Teachers	Parents	Pupils	Principal	Teachers	Parents	Pupils	Principal	Teachers	Parents	Pupils
<b>WHOLE SCHOOL ENGAGEMENT</b>															
Child centred		*	*	*	*	*		*	*	*		*	*	*	
Parental participation		*	*	*		*		*	*			*	*	*	
Willingness of school community to engage		*	*	*		*						*	*		
Principal endorsement /support		*	*	*	*	*									
Breadth of activities				*	*	*	*								*
Everyone's participation		*	*												
Commitment		*	*												
<b>ROLES</b>															
Teachers as role models					*	*	*		*		*	*	*	*	*
Assignment of HPS school coordinator and their role		*	*	*	*			*	*						
Leadership		*	*					*							
Clarity around roles		*	*												
Teacher autonomy					*				*						
HPS Champions		*	*												
<b>PARTNERSHIP</b>															
HPS Network		*	*	*				*	*						
Developing and maintaining strong school/home links				*	*	*				*					
Shared responsibility		*	*				*								
Partnership ethos		*	*												
Shared goal and vision		*	*												
<b>STRUCTURED AND SUPPORTED PROCESS</b>															
Opportunities for personal & professional development		*	*	*					*						
Formal launch of HPS Network			*										*		
Timing of project's introduction		*	*												
Having a structured process								*	*						
Infrastructure - Steering Group, Network, regular meetings, documentation, resources		*	*												
Efficient meetings		*													
<b>INTEGRATION WITH OTHER SCHOOL ACTIVITIES</b>															
Healthy Policies				*		*	*		*		*	*	*	*	*
Linking work on HPS to other work going on in the school		*	*	*	*			*	*			*			
SPHE curriculum				*	*			*	*						
Focussing on new members of school community								*	*	*					
Emphasis on Physical Activity							*								
<b>MISCELLANEOUS</b>															
Drive towards more healthy living nationally												*			

## 7.5 Comparison of barriers identified across the cases

The barriers and challenges to HPS implementation identified by all the stakeholders involved in this research are summarised in Table 7.2. The barriers are listed in the left hand column and the stakeholders are identified across the top. Barriers identified by stakeholders are indicated by an asterisk in the corresponding box.

**Table 7.2: Barriers identified by stakeholders**

CASES →		HPS Partnership		School B				School C				School D			
BARRIERS to HPS implementation ↓	Stakeholder	Education Partners	Health Partners	Principal	Teachers	Parents	Pupils	Principal	Teachers	Parents	Pupils	Principal	Teachers	Parents	Pupils
<b>TIME CONSTRAINTS</b>															
Time commitment to process			*	*	*	*		*	*			*	*	*	
Competing agendas		*	*	*	*	*				*		*	*	*	
Limited SPHE time allocation								*	*						
Ongoing nature of HPS								*	*						
<b>EXTERNAL PRESSURES</b>															
Busy modern lives				*		*			*	*		*	*	*	
Political and economic upheaval		*	*	*	*			*				*			
DES demands / expectations				*	*			*	*						
<b>LOW STATUS OF HPS</b>															
Voluntary nature of HPS				*	*			*	*			*			
Lack of accreditation (HPS Award)		*	*	*	*										
<b>HPS PARTNERSHIP ISSUES</b>															
Changes in Partnership composition		*	*												
Joining the group at a later stage / lack of induction process			*												
Initial demanding period of work			*												
Group familiarity			*												
<b>MISCELLANEOUS</b>															
Principal's role					*							*			
Need for more parental involvement						*									

## 7.6 The integration of the findings with the overarching conceptual framework

Mennin (2010) has posited that complexity science is concerned with studying the dynamics, conditions and consequences of interactions with the aim of identifying the nature of the

conditions favourable to change and transformation. From this perspective, the context and the inputs into that context are particularly important. In this study, in-depth details have been provided of the HPS Partnership and the context within which the development of the HPS Network took place. The researcher found that groups within the Partnership conformed to the definition of a social Complex Adaptive System (CAS) in that they consisted of many diverse and autonomous components that interacted and behaved as a unified whole. In the three school cases presented in Chapter Six, the system comprises a range of elements – agents such as pupils, parents, staff and Principal; structures such as classrooms, school boundary, Parents’ Association, Board of Management; and processes such as timetables, meetings of different groupings, various projects etc. From a CAS perspective then, the Steering Group of the Partnership, and the schools, are recognised as complex in that they are diverse and made up of multiple inter-connected elements. Many additional features of CAS were exhibited in the cases presented in Chapter Six and these are discussed below.

#### **7.6.1 Fuzzy boundary aspect of CAS**

When thinking about specific features of CAS identified in the literature, the composition of the Partnership clearly illustrated the ‘permeable or fuzzy boundaries’ mentioned by Colquhoun (2005) in that the inter-agency nature of the work marked a ‘departure from traditional disciplinary boundaries’ for those involved and in how they engaged with schools. This brought benefits not only to the schools in the Network (for example, through crossover of learning and skill development around self-assessment) but also to Partnership stakeholders themselves (who highlighted the deeper inter-agency understanding that emerged as a key indicator of the success of the Steering Group). The CAS approach allowed evidence to emerge to indicate how ‘fuzzy boundaries’ operated at school sites. In School D for example, parents reported being influenced in their behaviours at home by Healthy Eating messages young people were bringing from school and by the Green School agenda of smarter travel supporting HPS outcomes through encouraging more physical activity in the school community. Significantly, fuzzy boundaries are permeable in both directions and while the Principal of School D welcomed the positive external influence of the work done by local authorities and the HSE over the last decade in increasing awareness and promoting more physical activity, she highlighted the negative impact of media bombardment through constant advertising of fast food outlets and takeaways.

### **7.6.2 Tensions and paradoxes and internalised rules**

Another characteristic of CAS that was evident in the cases presented was that tensions and paradoxes are common during HPS development. In School C, both the Principal and the Coordinator highlighted that staff were supportive of HPS and provided ‘the backbone to it all’. Parents also reported that HPS needed the support and conviction of staff. At the same time some challenges were evident in engaging staff with the process. The Principal and Coordinator both mentioned that it was necessary for the initiative to be introduced in the beginning by an outsider to avoid staff feeling that the HPS project was a hobby-horse of the Principal. Members of the TWG were again invited to introduce the new Action Area to staff when the school began its second cycle of HPS. In addition, the Coordinator reported feeling somewhat reluctant about asking other staff members for their support.

The HPS Coordinator indicated that there were some delineated boundaries within the school, which presented challenges in terms of permeability: for example, each subject has a teacher specialist assigned to lead developments in that area. As a result, she felt that she was appointed HPS Coordinator because of her role as SPHE Specialist. While HPS Champions may bring passionate expertise to the local implementation of the HPS, divisions along subject lines may contribute to the development of ‘internalised rules’ within school staff, which attributes duties to the designated specialist rather than fostering shared collegial responsibility.

Other tensions and paradoxes are identifiable in the HPS Partnership. For example, in Case One, Steering Group participants reported that the experience of being involved in the Partnership was strongly positive. Partners commented on the democratic and open nature of the meetings where all contributions are valued. However, a number of participants stated that due to joining the Partnership at a later stage they ‘struggled for a time’, ‘trying to get up to speed’, while ‘not understanding some of the finer points’, ‘felt somehow less able to influence the structures and processes’, and even that ‘it has stayed with me that I joined in the middle of it’. One stakeholder went as far as saying that for a period of time there was a danger of losing the partnership element altogether.

While the participants overall reported a positive and egalitarian culture within the Steering Group, this is challenged somewhat when one considers the responses to the stepping down of the original Chair of the group. While this may have been viewed as a big difficulty at the time by members of the Steering Group, it is clear that the Partnership began to exhibit other

classic characteristics of CAS, that is, self-organisation and adaptability. When the Chair resigned, the group devised a range of strategies for coping with the degree of uncertainty felt. A new Chair was nominated by the group and a vice Chair was also established to ensure continuity for the future. Furthermore, it was agreed that these roles would rotate annually (Steering Group Minutes 28/03/2007, 09/05/2008 and 05/12/2008), which had the effect of providing stability whilst sharing the responsibility and honour within the group.

The Steering Group exhibited other signs of self organisation through a complex set of ‘internalised rules’, such as the explicit structures around meetings, (who would organise and record them for example) and implicit understandings such as not allowing meetings to drag on (reflected the importance partners placed on efficient and effective meetings).

‘Internalised rules’ within School D, where an unhealthy eating culture was prevalent prior to HPS implementation, illustrated the adaptive nature of schools when a Health Eating Policy was introduced and showed how a school culture can be turned around in a short space of time.

Colquhoun (2005) points out that conflicts and challenges can emerge due to competing agendas and demands from different systems. This was clearly exhibited in Case Four, in the competing agendas of HPS and Green Schools within School D, in terms of the different levels of commitment to the two initiatives. Colquhoun concluded that a managerial approach to CAS tensions is not necessarily the best course of action and instead of considering them as difficulties they should be viewed as possible opportunities for developing new or novel behaviour. Unfortunately in School B when a tension arose with a parent on the school’s HPS Working Group, the Principal responded in a managerial way. This resulted in the Principal and Parents no longer formally engaging with the work of the committee, although it could be argued that their participation was to some degree ‘fudged’ in that support from the different parties involved continued to be given. For example, parents gave their support to various activities and HPS days and the Principal maintained a strong connection to the group seeking regular updates on HPS developments and plans.

### **7.6.3 CAS as nested systems**

Viewing schools as CAS implies also recognising them as nested systems. A nested system can be considered as a sub-system for a larger system. Schools can also be considered a macro system within which agents may be located in specific sub-systems such as classrooms or departments or aligned to some aspect of service provision, for example, individual teacher

in a classroom, support staff such as Special Needs Assistants, caretaker, secretary providing a service with a wider dimension etc. The nested systems feature of CAS was displayed in a number of ways – from the autonomy exhibited by individual teachers in implementing HPS, to the impact of international PISA scores on Department of Education policy, which trickled down to perceived pressures at the school level were identified by the Principal in Case Two as excessive scrutiny.

#### **7.6.4 Inter-dependencies and interactions**

Anderson et al. (2005) recognise that although systems do have elements, it is the inter-dependencies and interactions between the elements that create the whole. They advocate that where discrepancies or inconsistencies between ideas and actions arise, researchers should search for underlying inter-dependencies. Anderson et al. pay particular attention to outliers in behaviours, processes, outcomes and events in contrast to relying on average behaviour, outcomes etc. In the cases presented in this study, there were instances where small events led to large outcomes and vice versa where large events led to small outcomes.

For example, one of the actions under School B's first Action Plan was to support and encourage extra-curricular Walks which would be facilitated primarily by parents. Following one of these walks, two parents registered that part of the journey's path had been problematic for bicycles and buggies to traverse. These parents brought this matter to the attention of the local Environmental Health Office and subsequently a Community Employment Scheme was instituted, which resulted in the development of a walkway which the whole community could enjoy while at the same time provided temporary local employment opportunities. This was quite a large outcome from a relatively small event. In contrast, a lot of time and energy was invested in the organisation and development of a formal Launch Day for the HPS Network. This, however, was noted only slightly amongst the research participants, despite many having pointed out the need for credibility, higher visibility and status for HPS.

#### **7.6.5 Non-linearity**

Some striking examples of how non linearity emerges in CAS relate to how the schools engaged with the Partnership's accreditation process. Although School C was the slowest school in terms of getting the HPS process up and running, it became the first school in the Network to attain formal HPS status from the Partnership in the Midwest region. This may reflect the school stakeholders' strong leanings towards 'doing' and their focus on the

development of Action Plans and the follow through on HPS implementation. All participants in School C indicated that they had no deep knowledge of the theoretical underpinnings of HPS. This may also partly explain why there was no linking of educational attainments to HPS by any of the staff interviewed.

In School B (which was the longest school member within the HPS Network) the Principal elected not to apply for HPS Accreditation. On speaking with the Principal he revealed that he would soon be retiring and he felt that an additional impetus could be given to HPS through the new Principal taking on the application for accreditation. All of the previous work done would mean that the requirements for meeting the criteria needed for accreditation purposes would be easily achievable in a short timeframe for the new Principal. From the retiring Principal's perspective, this was a strategic choice to support the transition of the new Principal and ensure the sustainability of HPS into the future.

Another example of non-linearity demonstrated by School B relates to its contribution to the development of resources for the wider Network. As one of the initial schools in the HPS Network, School B played a key role in developing, piloting and making suggestions with regard to the documentation and materials that were used throughout the process. School B's involvement at the early stages influenced and shaped developments at Network and Partnership levels. For example, in the timeline presented at the beginning of Case Two the first ever Cluster meeting in the Network is depicted. This meeting was held in School B and came about as a result of the initial discussions with the Principals of four participating schools located in this area. The meeting was requested by the Principals and while it provided clarity on the initiative and an opportunity to exchange ideas for those attending, it did have wider implications for the work of the Partnership as a whole. As a result of the Cluster meeting, the members of the TWG who facilitated that meeting were able to identify and gain understanding of the hopes and expectations of Principals who were signing up to the Network. Also, the Principals had requested details of the structures that were going to be established to support the implementation of the HPS process and this led to the development of a briefing paper on the Rationale and Explanation of Clusters and the Network (see **Appendix XX**). This tool was useful subsequently when introducing other schools to the Network and the structures in the HPS Partnership.

## **7.7 Key points from Chapter Seven**

The within case analysis of Case One indicates that the partners were a relatively cohesive group with a shared commitment to developing the HPS Partnership. The supports and barriers to HPS implementation from the perspectives of these partners related strongly to ensuring that the proper infrastructure was put in place to enable schools to become HPS.

The within case analysis of the three school cases revealed that while many school stakeholders may not have been aware of the theoretical underpinnings of HPS all were more than able to identify themes addressed under school Action Plans.

The cross case analysis of the Principals in the three schools indicated the stability of the Principal's role and engagement with their chosen school (all having been involved in their school for over 20 years). The Principals acknowledged the strategic support from the HPS Partnership and valued its perceived neutrality from the DES and the HSE. Two of the Principals appointed teachers as HPS Coordinators in their schools and the third Principal assumed this role herself. This endorsed the project locally and encouraged staff participation and engagement. All Principals played a very active role in the way HPS evolved with their school communities.

The cross case analysis of Parents' views on HPS provided evidence that parents are very aware of the activities that are going on in schools that aim to promote their children's health. Parents valued this support very much. Good communication between home and school was noted as the one of the most important supports for the HPS process from the parents' perspective. In the schools a small group of parents are repeatedly called upon to contribute to not just HPS implementation but also to other project work and initiatives that are on-going in the schools.

In all three schools the pupils demonstrated very good knowledge of what did and did not contribute towards good health. While Physical Activity and Healthy Eating dominated their conceptions of health, the young people understood that health had many aspects and were able to distinguish between what school does to promote their health and what home does to promote their health.

Table 7.1 summarised the supports identified by the stakeholders involved in this study. All the adult participants reported that the child centred focus of HPS was a key support for HPS implementation. While HPS is a whole school approach and aims to support the development



of healthy environments for all members of the school community, it is clear that the aim of the project at the school level largely focuses on promoting healthy behaviours in school children.

While the responses from the stakeholders indicate that parental participation is a vital ingredient in the implementation of HPS, this was sometimes viewed as challenging by teachers. School communities see teachers as influential role models for young people's health behaviours. Having health promoting policies in place was also reported as important.

One of the barriers to the implementation of HPS which this research identified is teachers' lack of awareness of the relevance of SPHE and HPS for educational achievement. The perceived lack of a mandate for HPS from the DES may have contributed to this link being made. While the recent publication of Circular 0013/2016 Promotion of Health Lifestyles in Primary Schools (DES, 2016) may go some way to promoting SPHE and HPS in schools attention will need to be given to explicitly outlining academic benefits accruing to schools adopting a HPS approach. The main barrier to HPS implementation is the time commitment involved. All stakeholders highlighted that mounting pressures severely constrains and in some instances inhibits engagement with projects such as HPS. Despite stakeholders clearly valuing the HPS process, it must contend with a wide range of competing agendas within a finite timeframe. The voluntary nature of HPS and the lack of a formal accreditation system for the work done by schools were also identified as barriers to continued HPS implementation.

CAS are inherently inter-disciplinary and this fits well with the holistic aspect of HPS. This research followed the development of the HPS Partnership over an extensive period of time. The length of the study period allowed adequate time for the features of CAS to be identified and also for the issue of sustainability to be considered. A further discussion of the usefulness of the overarching conceptual framework of CAS which was employed in this research is presented in the concluding chapter.

## **CHAPTER EIGHT - DISCUSSION**

### **8.1 Introduction**

This chapter begins by outlining the main findings and summarising the key learning from this study as it relates to the research questions posed in Chapter 1. This is followed by a brief update on recent developments in Ireland in relation to HPS as they had a direct bearing on the direction and continued existence of the Midwest HPS Partnership. A synopsis of the work of the HPS Partnership in the Midwest during the study period is included also.

The chapter provides a discussion of the overarching conceptual framework employed in this research. The limitations of this study are outlined and a reflection on the researcher's role in relation to the HPS process and how this may have influenced the findings is also considered. The chapter concludes by making some recommendations in relation to further research and areas for exploration.

### **8.2 Main Findings from this study**

In many ways this research verifies findings from much of the previous research which highlights that sustainable change in schools and with school communities in relation to HPS takes significant collaboration and investment of time (Gleddie, 2011; Inchley et al., 2007; Jourdan et al., 2016; Leahy and Simovska, 2017; Samdal and Rowling, 2012). The overarching question that was at the heart of this research sought to identify the main supports and barriers for implementing HPS in the Midwest of Ireland.

The main supports identified were:

- Ensuring that there was whole school engagement
- Clarity around roles during HPS implementation
- Integration of HPS with other school activities
- Structured and supported process outlined from the beginning
- Working in partnership to develop and deliver agreed Action Plans

The main barriers to HPS implementation identified were:

- The challenge posed by time constraints
- External pressures
- Low status of HPS in Ireland

This study also sought to explore the usefulness of CAS for investigating HPS approaches. The researcher found the conceptual framework useful for data interpretation purposes in particular.

### **8.2.1 Summary of key learning**

Many researchers have highlighted the need for localised contextualised studies with regard to HPS (Gleddie, 2011; Simovska et al. 2016; Gugglberger and Inchley, 2012). The four cases presented in Chapter Six of this study contribute to our knowledge of HPS implementation in Ireland. This study highlighted the need to support those scaffolding the development of the HPS Network – be they in the HPS Partnership, in leadership roles in schools (such as Principals, HPS Coordinators, teachers), inter-sectoral workers developing resources and so forth. Regular communication and a range of mechanisms to enable dynamic conversations to take place can support the development of strong feedback loops within the HPS Network. These features were highlighted by Colquhoun (2005) and Anderson et al. (2005) as key aspects of CAS.

A clearly structured HPS process with appropriate resources (that is, documentation, website, personnel) was preferred by school staff over less delineated, more organic development. In order to have “collective impact” collaborating entities need organizational structures to guide, grow and sustain their joint efforts over time. In this study, the Health Promotion department of the HSE acted as a backbone support organisation for the strategic development of the HPS Partnership. HPS Coordinators fulfilled a similar function at the school level. Strikingly, schools preferred to have a clear path outlined to them from the beginning and this in some ways challenges health promotion ideas of empowerment and ownership.

Clarity around roles and expectations from the outset, provided a good foundation for HPS. In addition, while HPS Champions were identified as important at all levels within the HPS Partnership, it is important to be mindful that too much emphasis and responsibility on single individuals may limit or hinder the mainstreaming and embedding of HPS practices in the longer term. This learning suggests that it may be useful to consider rotation of roles and responsibilities at the school level which would help to distribute knowledge and buy-in. At the same time it would be important to be attentive to the need for accountability and sustainability.

While all stakeholders voiced support for collaboration and partnership working, there is evidence that at times this was challenging in the HPS Network in the Midwest. For example, there were difficulties in relation to Steering Group members joining at different stages, and evidence of ambivalent feelings towards parental involvement and so forth. The challenges in relation to parental engagement that were found in Ireland mirror those found by Clelland et al. (2011) in New Zealand.

Time proved to be both a support and barrier with regard to HPS. At the Steering Group level, the endurance of the Partnership was highlighted by many of the stakeholders as evidence of its success and it is clear that the quality of the relationships was strengthened by its longevity. On the other hand, this also presented challenges for new members when joining the group. At the school level, it

is evident that despite all stakeholders acknowledging the importance of adopting an HPS approach in schools, this is challenged by competing demands and priorities (often from external sources, but not always) and limited time allocation within the formal curriculum. Schools reported that they very much wanted formal recognition of their efforts and achievements. This is important to note as it shifts focus from the valuing of involvement in the HPS process for its own sake. Overseeing authorities would need to consider whether engagement in HPS could become a competitive process between schools.

### **8.3 Recent developments of HPS in Ireland**

While the HPS Network in the Midwest region of Ireland was developing, the call for a national unified model of HPS was gaining momentum. The framing and adoption of a harmonized approach to HPS emerged from pressure within Ireland (through the evidence gathered from activities such as the development of the HPS Network in the Midwest region and also from other work being carried out in different parts of Ireland), and also from the widening evidence base internationally (for example, from the reorganised European Network of Health Promoting Schools which was reconstituted as the SHE - Schools for Health in Europe Network in 2009). The SHE Network strongly recommended collaborative approaches be adopted between health and education sectors in relation to HPS.

From 2010, under the direction of the HSE Functional Manager for Programmes, a concrete plan to develop a national framework resulted in the publication of a national model for HPS and accompanying manuals to support its implementation at primary and post primary levels.<sup>18</sup> The development of the Framework and Handbook documents was supported by the Department of Education and Skills. This researcher was involved in the development and drafting of these resources and tools.

Following discussion and negotiation with personnel working in the area of HPS, the need to establish a dedicated national structure to inform the future development of HPS and ensure its long term sustainability was also agreed. To this end, a National Coordinator for HPS was appointed in 2012. Four Regional Lead posts (matching the current four HSE regions) were established to support this function as a National HPS Working Group. While DES personnel had engaged in the development of the Framework and Handbook documents, there was no

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<sup>18</sup>. Schools for Health in Ireland Framework – Post Primary (Health Service Executive, [HSE]2012)  
Schools for Health in Ireland Coordinator's Handbook – Post Primary (HSE, 2012)  
Schools for Health in Ireland Framework – Primary (HSE, 2013)  
Schools for Health in Ireland Coordinator's Handbook – Primary (HSE, 2013)

DES representation on the National HPS Working Group. However, an inter-departmental Steering Group which included representation from both the DES and the HSE was instituted for governance purposes to oversee developments. This is important as the evidence from the literature clearly indicates that collaboration between education and health sectors to address the health needs of children is vital to HPS success (Barnekow et al. 2006; Lee et al. 2006, Cushman, 2008).

In 2012 this researcher was appointed as Regional Lead for the West region and maintained links with the existing HPS Partnership in the Midwest throughout the period. The transition from the regional Network in the Midwest to the national model was relatively straightforward for schools in the Midwest. The researcher had been involved in the national developments as they were emerging. Members of the HPS Partnership in the Midwest were regularly updated on developments at the national level and this meant that decisions on the structure and approach around HPS implementation in the Midwest maintained congruence with the national strategic direction. However, the authority around the development of HPS began to shift towards the National Working Group at this time and by 2015 the HPS Partnership's formal work had concluded. The winding down of the local Partnership also coincided with the retirement and changing job roles of a number of key members of the Steering Group and so this group disbanded.

In terms of the HPS National Working Group, time was allocated for the National Coordinator and HPS Regional Leads to meet and plan on how to standardise the delivery of the model and ensure consistency of practice throughout the country. Terms of Reference were agreed and a schedule of meetings developed. The Group's work consisted mainly of agreeing on prioritising actions, outlining the requirements at each stage of the implementation of the national HPS model, identification of resource implications – training and supports for those implementing HPS, website development, establishing systems to inform planning, capture progress and ensure ongoing measurement and evaluation.

One of the first tasks of the National HPS Working Group was to consider each of the stages in the newly introduced HPS model under the following headings:

- What happens at this stage and what type of supports should be provided?
- What standard tools are needed?
- What knowledge / training are needed to effectively implement this stage?

- What are the critical points to ensure success and completion of this stage?
- What data should be recorded?
- Estimated time for completion of the stage.

This information allowed the National HPS Working Group make a detailed determination of the resources required to develop and maintain HPS nationally (please see **Appendix XXII**). The draft implementation plan for the national model was presented to the wider National Health Promotion Management Team for approval (approval received May 21<sup>st</sup>, 2014).

The need to develop and collect data relevant to HPS implementation was recognised as a priority within the National HPS Working Group. A database was constructed to record data on existing HPS activity and this allowed a common data collection system to be put in place around the country. Over recent years the database has developed further to collect, collate and analyse data on the extent of delivery across the regions. The data collected includes details on the number of schools and types of schools engaging in HPS, the staff in school and in the HSE and other sectors who are involved in supporting HPS delivery, the numbers and types of participants attending HPS related training and the beginning of the development of an outcomes framework to enable longer term evaluation of HPS. A formal accreditation system was also introduced which acknowledged the work that schools were doing and provided recognition of their HPS status. Since 2013 the roll out of HPS across Ireland has become standardised and engagement with HPS has grown considerably. By the end of 2017 approximately 26% of schools nationally are now classified as HPS. In the Midwest region there are over 50 schools currently participating in the HPS process.

#### **8.4 Discussion of the work of the HPS Partnership in the Midwest region**

The multi-disciplinary nature of the HPS Partnership provided an effective structure to progress the HPS Network at a strategic level. Throughout the lifetime of the HPS Partnership learning from the project has been shared at a local, regional and national level. This has informed the process as it developed and has helped to shape the overall national direction of HPS in Ireland. The project provided important information on the resources and supports required to fully implement HPS at the individual school level. It also helped identify potential barriers to schools engaging with the process as has been outlined earlier.

Gleddie (2011) reported that school led approaches are more likely to establish sustainable partnership working and develop an effective HPS ethos. HPS work under the HPS

Partnership's model was primarily schools-led with each school establishing their own HPS Working Groups, identifying their own focus for work and having responsibility for implementing HPS with their school community. Fidelity with the HPS model was achieved by each school following the same series of steps laid out in the framework.

In this study, school communities, and in particular Principals and school HPS Coordinators, valued the support received from members of the HPS Partnership in the area of school capacity building. A key part of the early work of the Partnership involved engaging with schools to ensure their preparedness for HPS implementation. Training and consultation with all stakeholders comprised the majority of the initial work of the Technical Working Group members of the HPS Partnership. While many of the stakeholders in the three school case studies reported in their interviews and focus groups that they had little knowledge of the history and development of the HPS concept, it was evident in their comments that they were aware of how HPS was implemented in their schools. Stakeholders identified each of the four elements of HPS when discussing how their schools had experienced the projects. Their reports strongly indicated that school communities had an increased awareness of the contribution a focus on health by schools can make to children's overall health and wellbeing.

Each of the Principals in the school cases in this study had extensive experience of leading schools and this fits with the significant evidence documenting the need for individuals with appropriate experience to lead and direct initiatives such as HPS (Burke, Morris and McGarrigle, 2012). The Principals in each of the school sites were strongly supportive of HPS, although in the case of School D the school may have been better served by having a member of staff other than the Principal as the HPS coordinator.

Involving the whole school community in the planning and implementation of HPS is also seen as a key indicator for success in HPS (IUHPE, 2009). In all three school study sites children, parents, staff and Principals were engaged in school HPS Working Groups and each played a part in identifying local needs and developing action plans to address these needs. The more recent development of the national structure for HPS needs to be mindful of the shift towards a top-down management structure with pre-established outcomes. External direction driven by priorities and agendas beyond the local level may impact on the inclusion and collaboration of school communities.

The holistic approach of HPS chimes very well with current governmental policy direction in relation to children's health and wellbeing (the cross departmental Healthy Ireland Strategy: A framework for improved health and wellbeing 2013 - 2025; the Department of Children and Youth Affairs' overarching strategy for children and young people - Better Outcomes Brighter Futures 2014 -2020; the Departments of Education and Health and the HSE's Wellbeing in Primary Schools 2015). This should have an impact in terms of the sustainability of HPS into the future. Teachers and principals identified that the lack of an official mandate for HPS acted as a barrier to schools staff in engaging with the HPS Partnership. Consequently, the recent publication of the DES Circulars to schools advocating the adoption of a HPS approach is an extremely important development.<sup>19</sup> It is likely that HPS will now be viewed more in terms of a whole school approach rather than as an add-on elective resource. The initiation of a national award recognising school's work and HPS status should act as a further support in this regard.

### **8.5 Usefulness of CAS approach**

In this thesis HPS are viewed from a CAS perspective; this has meant seeing HPS as engaging in a dynamic process where the interactions and relationships of different components simultaneously affect and are shaped by the system. The conceptual framework functioned as a tool of interpretation to help better understand the implementation of HPS over the longer term. It allowed the researcher to highlight common properties of CAS that seem to have relevance for understanding the implementation of HPS. As such, CAS can enrich our understanding of the motivations, capacities and behaviours of school communities engaging with HPS.

While CAS is not a predictive tool, it does provide a set of concepts that can allow researchers to structure the analysis of a specific HPS, compare HPS implementation across different HPS and evaluate the effectiveness of adaptations. These could be used as building blocks in the development of a framework for HPS evaluation based on the CAS approach. A tentative suggestion for such a framework is suggested in Figure 8.7.

Figure 8.7 highlights common properties of CAS that were evident in the cases presented in this research. Significantly, not all aspects of CAS that were identified in the literature have

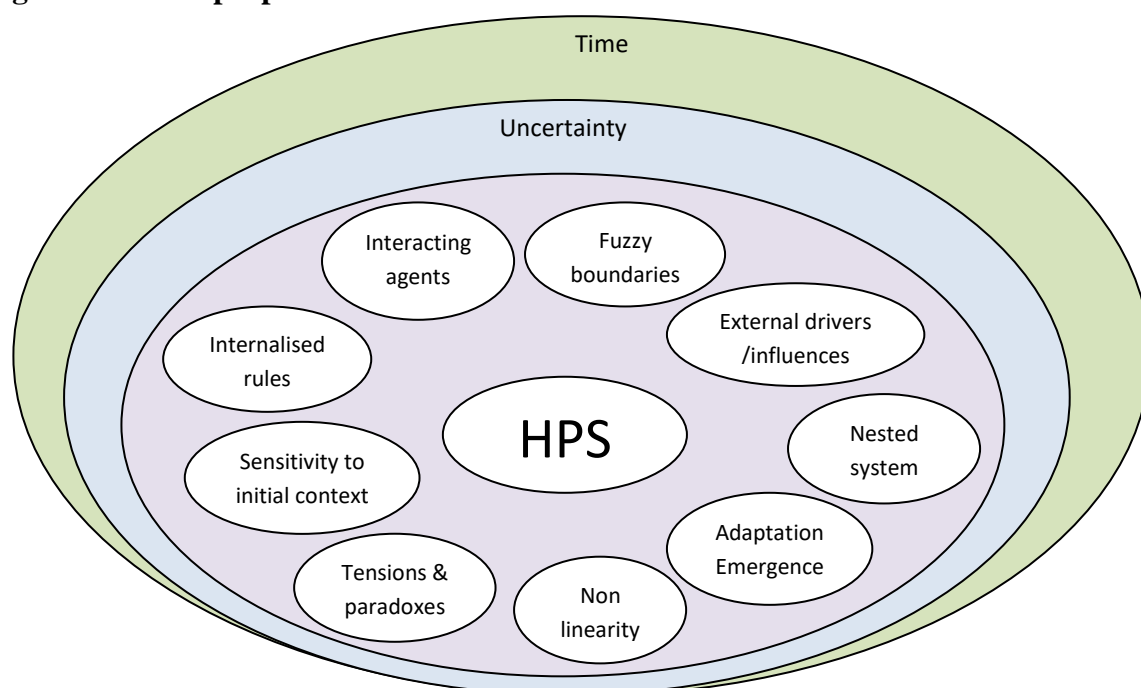
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<sup>19</sup> DES Circular 0051/2015 Promotion of Healthy Lifestyles in Post Primary Schools  
DES Circular 0013/2016 Promotion of Healthy Lifestyles in Primary Schools



been included in this framework. For example, CAS tend to exhibit dispersed and decentralised control – the overall behaviour of the system is the result of many decisions made constantly by individual agents. In each of the cases presented in this thesis, while there was evidence of dispersed and decentralised control there were also frequent examples of some elements in the system exerting strong levels of control over the direction of HPS. For example, the Steering Group and in particular longer serving partners, the inordinate amount of influence Principals exerted in choosing the themes for HPS Action Plans. Consequently dispersed control has not been included in the current version of the framework.

**Figure 8.1: CAS properties of HPS**



The framework could be used as a device for framing narrative and analysis allowing researchers to show how specific properties of CAS can affect HPS implementation. For those interested in pursuing research with HPS, using a CAS framework, a checklist tool has been provided in **Appendix XXI** to support analysis of the set of concepts presented in Figure 8.1. The properties in the inner circle could be further assessed against the two properties in the outer rings – time and uncertainty. The separate time ring would allow studies conducted to be expressed at a given point in time or as in the case of my own research over a more extensive time period. The uncertainty ring may be useful for unusual circumstances, in times of particular political or economic upheaval and is included to emphasise the importance of context when applying the CAS approach to HPS.

## **8.6 Limitations of this study**

This study has a number of limitations. Firstly, the number of schools that participated in the research (three) is small. With that acknowledged it should be noted that each school has been explored in depth and each school's engagement over a long period of time has been chronicled and presented in detail in Chapter Six.

Secondly, the selection process for school participants may leave the research open to some question of bias. School principals in each school site were allowed to select parent and teacher participants from within their school communities. Teachers were allowed to select the pupil participants from within their classes. However, in other studies (for example, in Gleddie, 2011) principals also selected teacher participants from their schools for interview.

In my study, the whole school community was aware of the research (through my on-going work with the schools, details of the study were posted on each school website and in two of the three schools notices about the research were included on school newsletters. The invitation to participate in the research was extended to the whole school community and any member of the community who wanted to get involved would have been more than welcomed by the researcher.

Another potential for bias was presented by the dual roles of the researcher as investigator and Health Promotion Officer for Primary Schools in the Midwest. This possibility was signposted very early in my research and to help to counteract it I adopted an open stance throughout my engagement with the schools. During my role as a researcher I emphasised that what I was seeking was the truth and that it was okay to answer in what respondents might feel was a critical way. In the interviews I developed a series of open questions and avoided leading participants in a particular direction. I felt that I posed the questions in a thoughtful way that would allow respondents to reveal their true feelings about a topic. Whenever ambiguity arose during interviews I immediately sought clarification.

Because of my position I was afforded access to the schools and because of my long-term involvement in the project I was in a unique position to record and follow the development of the HPS Network. During the process I did signal to school principals and to all participants that they were free to withdraw from the study and /or decline to answer any question if they did not want to at any stage. To strengthen the quality of the data I included perspectives from a range of stakeholders for each case. Throughout the process I constantly re-read and

reviewed my writing and interpretations particularly during the analysis stage. The aims of my research were to identify both the supports and barriers to HPS implementation and this was explained to all participants from the very beginning. While unintentional bias can occur in any study, at all times I intentionally conducted my research in an honest and transparent way.

## **8.7 Conclusion and Recommendations regarding future exploration of HPS**

The development of the HPS Network has had a direct impact on the participating schools. Schools were provided with a framework to think about and work on placing a focus on health in their institution. HPS Coordinators were appointed in each school and they reported more integration of SPHE across the curriculum and whole school commitment to improving health. Individual schools developed health-related policies and completed a wide range of topic focussed activities. School communities experienced increased awareness and understanding of health promoting environments and behaviours.

Collectively the findings from this study have provided insights into the process of developing and sustaining a Network of Health Promoting Schools in the Midwest region of Ireland. The supports and barriers to developing and implementing HPS have been identified by a wide range of stakeholders. The broad conceptual framework of Complex Adaptive Systems provided a useful interpretive lens through which to consider comprehensively the holistic approach of HPS over a long period of time.

It is important to note that Complex Adaptive Systems is a way of thinking about and analysing HPS by recognising complexity, patterns and interrelationships rather than focussing on cause and effect. As such, this type of study challenges many assumptions taken for granted in research, for example, some suppositions about simple cause and effect, that is, every observed effect has an observable cause; or the Newtonian worldview that even the most complicated things can be understood by breaking down the whole into pieces and analysing it or that if we analyse past events sufficiently, this will help to predict future events. The CAS approach provides a framework for categorising and analysing knowledge and agents and can be applied in a variety of contexts. It also suggests new possibilities in terms of how we look at change providing a more complete picture of the forces affecting change. This may prompt people to think about change in a less linear fashion. In CAS, innovation is seen as endogenous as well as exogenous. The CAS approach explores the

drivers of change, the trends or directions of changes and the ‘rules of the game’ that enable incremental change to major breakthrough improvement take place.

It is notoriously difficult to demonstrate outcomes for children that can be directly attributable to HPS alone (Samdal and Rowling, 2012). Sustainable change takes time and in many cases research studies may not have the length of time to explore schools in the detail necessary to be able to identify and attribute cause. However, our understanding of the enablers and challenges to HPS implementation has developed considerably since the first HPS began to develop and these may be useful as signposts to those beginning their HPS journey.

### **8.7.1 Recommendations for practice**

The findings from this study support the argument that schools are an effective setting for health promotion activity. An extensive body of research is available which documents the necessary steps in developing as a HPS. Directions range from general guidelines to theory-based and empirically-based implementation components and the Reference list and Appendices provided at the end of this thesis offers some suggestions to those interested in navigating the journey to full HPS status. Schools need to plan for how HPS will be implemented at each stage of development. Consideration should be given to how the HPS process will be documented and sustained. In particular schools are advised to bear in mind how both health and learning outcomes can be captured. The active participation of the whole school community is essential for the effective implementation of HPS and schools should do all they can to promote and support full engagement.

### **8.7.2 Recommendations for further research**

A wide range of possibilities for exploring potential benefits due to HPS implementation exist. For example, for researchers interested in studying the effects of HPS on physical health, Eating Surveys could be conducted before and after Healthy Eating interventions, classroom behaviour could be monitored and assessed before and after lunchtimes, behavioural effects from eating particular foods can also be evaluated to a certain degree. Height and weight measurements combined with fitness level tests can be administered before and after the introduction of Physical Activity interventions. Technological advances can allow very accurate measurement of children’s levels of physical activity (for example, through the use of pedometers or GPS systems on modern mobile phones). In this way, measureable outcomes may be ascertained. It should be noted that such measures will require

careful ethical consideration and do not guarantee longer term sustained change once an intervention is concluded.

There are opportunities to strengthen the case that HPS provide academic benefits. For example, a cross country analysis comparing PISA scores and levels of engagement in HPS initiatives could potentially provide evidence to highlight the impact that HPS may have on academic attainment. Currently in Ireland about a quarter of schools are engaging in HPS. While we are at this stage of HPS evolution it may be useful to conduct comparison studies between matched schools in certain areas that are and are not engaging with HPS in order to discern any potential differences in health and / or educational outcomes.

### **8.7.3 Recommendations for future policy**

Assessments could be made of the level of resourcing needed to support and maintain HPS and to this end cost benefit analysis may be an approach that could be explored in the future to further the value for money argument for investing in HPS.

In order to achieve sustainability, policies which support the capacity-building of teachers and school communities should be given priority. The promotion and highlighting of good practice examples would further help to inspire and grow interest to mobilise more locally-driven development.

Further planning on support mechanisms is required to ensure that a robust infrastructure (that possibly is independent of the Department of Education) is put in place to adequately scale-up the introduction and facilitation of HPS development on the ground. This will require more co-operation and discussion between different sectors, particularly Health and Education, but also open the possibility of broadening collaboration to other departments such as the Departments of Justice and Environment and the consideration of developing HPS at the early childhood level.

The ideas and recommendations presented in this work are suggestions in the context of the steps the researcher feels are necessary in order to build a national systems thinking approach towards improving the health and educational outcomes of school communities through adoption of a HPS approach. These ideas are offered as a starting rather than an ending point and are based on the key learning from this research.

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## **APPENDIX I    Timeline of key developments in the evolution of the HPS concept**

- 1986        **Ottawa Charter** (Canada)  
First International Conference on Health Promotion – emerged in response to growing expectations of new public health movement.  
Defined health as ‘a resource for living’, with health promotion being viewed as not just the responsibility of the health sector.  
Identified five key action areas: building healthy public policy, creating supportive environments, strengthening community actions, developing personal skills and reorienting the health services.
- 1991        **Third International Conference on Health Promotion** (Sundsvall, Sweden)  
Theme: Supportive Environments  
Recognition that a supportive environment was paramount to health.
- 1992        **Establishment of European Network of Health Promoting Schools**  
ENHPS coordinated by International Planning Committee which has a members from Council of Europe, European Commission and WHO Regional Office for Europe supported by a Technical Secretariat.  
(7 countries participating in ENHPS at this time)
- 1995        **EVA 1 project** launched  
Aimed to describe the evaluation practices at school and / or National level within ENHPS  
1<sup>st</sup> Issue of Network News
- 1995        28 countries participating in ENHPS
- 1997        **Fourth International Conference on Health Promotion** (Jakarta, Indonesia)  
Focused on partnerships in action, also emphasized concern for equity which had been a feature of previous conferences.  
Key outcome: Adoption of ‘settings’ approach by WHO, which defines the ‘subjects’ (or population) and ‘locations’ of health promotion activity, thereby emphasizing context.
- 1997        **First Conference of ENHPS** (Thessalonika, Greece)  
Themes: Policy and advocacy, effectiveness and participation.  
Summarised the key values, principles and processes which underpin the HPS concept, put the issue of partnership between education and health on political and professional agendas of all relevant sectors.
- 1998        **First Workshop on Practice of Evaluation** (Bern / Thon, Switzerland)  
of HPS concepts, indicators and evidence  
Consideration of competing paradigms of health promotion and discussion of challenges to implementation, early stages of drafting of indicators of HPS
- 1998/1999    **EVA 2 project**  
Studying national networks and examining the information needs of decision makers
- 2001        **Second Workshop on Practice of Evaluation** (Nottwill, Switzerland)  
of HPS concepts, indicators and evidence  
Clarification of the role of National Coordinators, identified benefits and developed strategies to communicate outcomes. Developed methodologies schools can use in their own development of indicators.

- 2002 **Second Conference of ENHPS** (Egmond aan Zee, the Netherlands)  
Theme: Health and Education in Partnership  
Led to Egmond Agenda – a new tool to help establish and develop health promotion in schools across Europe and which highlighted the importance of partnership between stakeholders.
- 2004 **Third Workshop on Practice of Evaluation** (Sigriswil, Switzerland)  
of HPS concepts, indicators and evidence  
Evaluation considered at different levels; national, regional, local and individual school levels, developing and using indicators, audit process, discussion of pressure to produce ‘hard’ evidence of effectiveness.
- 2005 **Fourth Workshop on Practice of Evaluation** (Sigriswil, Switzerland)  
of HPS concepts, indicators and evidence  
Different phases in development of HPS, risk of ‘dilution’ from moving from theory to practice, the degree of overlap between the good and effective school and the HPS
- 2006 **Fifth Workshop on Practice of Evaluation** (Sigriswil, Switzerland)  
of HPS concepts, indicators and evidence  
Sharing of case studies, completion of indicators section for incorporation in HPS resource, how to link indicators to HPS principles and processes.
- 2006 **Publication of Health Evidence Network synthesis report** seeking to determine the effectiveness of health promotion in schools, particularly in relation to effectiveness of ‘health promoting schools’ approach.  
*Report: What is the evidence on school health promotion in improving health or preventing disease and specifically, what is the effectiveness of the health promoting schools approach?* Stewart-Brown, S. (2006)
- 2006 43 countries now participating in ENHPS
- 2007 **Re-structuring of ENHPS - now known as SHE Network**  
Schools for Health in Europe Network  
Technical Secretariat relocated in the Netherlands with the International Planning Committee now becoming part of the HPS Advisory Board.
- 2009 **Third European Conference on Health Promoting Schools** (Vilnius, Lithuania)  
Theme: Better Schools through Health  
Led to Vilnius Resolution – highlighting common actions across sectors and borders in relation to Health Promotion in Schools, calling on governments to adopt and extend the health promoting school approach as part of school development.
- 2013 **Fourth European Conference on Health Promoting Schools** (Odense, Denmark)  
Theme: Equity, education and health  
Led to Odense Statement, an A,B, C of how Health Promoting Schools can contribute to promoting equity in education and health. The conference also highlighted the need to develop effective communication mechanisms with key stakeholders and the wider public to emphasise the advantages of being a Health Promoting School.
- 2017 **SHE Network Assembly Meeting** October, Madrid, Spain

## **APPENDIX II**

### **International Criteria for HPS**

Criteria to describe an HPS have evolved over time and the following is a list adapted from the ENHPS (1991) and the IUHPE Guidelines and Protocols for HPS (2007).

#### **HPS Criteria**

- A HPS is committed to enhancing aspects of the school environment. This includes the physical, social and psychological aspects of the environment.
- A HPS promotes the self-esteem of members of the school community by providing opportunities for the individual to experience a sense of achievement and belonging.
- A HPS supports and develops good relationships within the school, between staff members, between pupils and between staff and pupils.
- A HPS has good, dynamic, positive and productive school/family/community links.
- A HPS has a stimulating and well-balanced health education curriculum.
- A HPS ensures that pupils are equipped with both knowledge and skills for them to make choices and decisions appropriate for their age and stage of development.
- A HPS promotes the health of its staff.
- A HPS has a Principal who has the skills and understanding to bring out the best in teachers, pupils and parents.
- A HPS supports the development and integration of health-related policies.
- A HPS utilizes the potential of specialist services in the community where appropriate.

### **APPENDIX III Principles of Health Promotion (World Health Organisation)**

The overall goal of health promotion is to enhance positive health and prevent ill health. The choices we make are shaped by the choices we have. Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socio-ecological approach to health. To make healthier choices easier choices for people, we need to create places that support and empower. This includes where they live, where they work and where they play. Health Promotion achieves its goal by working in partnership to create supportive environments where healthy choices become easier to make. Partnerships allow for the sharing of expertise, skills and resources. Partnerships need to be three-dimensional, working horizontally across the community and between government departments and other services, and vertically at all levels of government from policy to practice. Health Promotion is guided by the best research and information available.

To work in an evidence-informed way means understanding:

- the health issue being addressed
- what works
- how to put what works into practice
- who to involve and how to involve them
- why this action is required.

Health Promotion practice is underpinned by the following principles:

**Empowerment** - a way of working to enable people to gain greater control over decisions and actions affecting their health.

Health promotion initiatives should enable individuals and communities to assume more power over the personal, socio-economic and environmental factors that affect their health.

**Participative** - people take an active part in decision-making.

Health promotion initiatives should involve those concerned in all stages of planning, implementation and evaluation.

**Holistic** - take account of the separate influences on health and the interaction of these dimensions.

Health promotion initiatives should foster physical, mental, social and spiritual health.

**Equitable** - ensure fairness of outcomes for service users.

Health promotion initiatives should be guided by a concern for equity and social justice.

**Intersectoral** - work in partnership with other relevant agencies/organisations.

Health promotion initiatives should involve the collaboration of agencies from relevant sectors.



**Sustainable** - ensure that the outcomes of health promotion activities are sustainable in the long term.

Health promotion initiatives should bring about changes that individuals and communities can maintain once initial funding has ended.

**Multi Strategy** – use a variety of approaches including policy development, organizational change, community development, legislation, advocacy, education and communication.

Health promotion initiatives should use a variety of approaches in combination with one another.

## **APPENDIX IV**

### **Irish Criteria for a Health Promoting School** (from Schools for Health in Ireland Framework)

The framework document identifies nine criteria that are grouped under the four key elements of a Health Promoting School.

#### **ENVIRONMENT**

These criteria incorporate both the physical and social environment.

- Criterion 1      Promoting a healthy school involves the provision of a safe, secure and stimulating environment that encourages and supports pupils, staff and members of the whole school community, both in and out of school.
- Criterion 2      Promoting a healthy school encourages and promotes self-esteem and self-confidence by providing opportunities for all members of the school community to contribute to school life. The school community is encouraged to make healthy choices and to take responsibility for their own health.
- Criterion 3      Promoting a healthy school involves the creation of a climate in which good relationships, respect and consideration for others prosper, and where individuals are encouraged to make a vital contribution through their personal skills and qualities.

#### **CURRICULUM and LEARNING**

This refers to formal and informal teaching.

- Criterion 4      Promoting a healthy school involves the planning and implementation of a curriculum that promotes health and wellbeing, adheres to statutory requirements and is accessible to all pupils.
- Criterion 5      Promoting a healthy school provides challenges for pupils and staff through a wide range of physical, academic, social and community activities.

#### **POLICY and PLANNING**

Effective policy development involves consultation and collaboration.

- Criterion 6      Promoting a healthy school involves the formulation, implementation and regular review of health-related policies for staff and pupils that are in accordance with the school aims, philosophy, vision and ethos.
- Criterion 7      The whole school community should be encouraged to participate in the development of policies where possible and appropriate.

#### **PARTNERSHIPS**

This involves developing links and working towards agreed goals.

- Criterion 8      Promoting a healthy school engages parents/guardians, other schools and the local community in a range of health-related activities.
- Criterion 9      Promoting a healthy school involves the efficient use of appropriate agencies and specialist services to advise, support and contribute to health and wellbeing, teaching and learning.

**SPHE is a lifelong process.**

The emphasis in the primary school is on providing a foundation in SPHE that will inform the child's actions and decisions and provide a basis for further development.

**SPHE is a shared responsibility.**

Parents, teachers, health professionals and members of the community all have a responsibility for the social, personal and health development of the child.

**SPHE is a generic approach.**

Rather than treating topics in isolation SPHE aims to develop in the child a generic set of skills, attitudes, values and understanding relevant to a range of social, personal and health issues.

**SPHE is based on the needs of the child.**

Appropriate adaptations should be made within the curriculum to suit individual requirements and specific school situations.

**SPHE is spiral in nature.**

Similar content is revisited at different stages throughout the child's time in school to provide opportunities to consolidate and build on previous learning.

**SPHE is developed in a combination of contexts.**

SPHE is implemented in the context of a positive school climate and atmosphere, with discrete time allocated for the subject and through the integration in learning in other subject areas.

**SPHE engages children in activity-based learning.**

Children need to be actively engaged in the learning process in order to be able to use what they have learned in a variety of contexts.

**Exploring the development of a Network of Health Promoting Schools**

This research is being completed by Alanna O’Beirne (Health Promotion Officer for Primary Schools, Mary Immaculate College, Limerick) for the qualification of a PhD from the Faculty of Education at the University of Cambridge, UK. The study aims to explore the development of the Health Promoting School Network in the Midwest region of Ireland. Alanna will use the records from her work with the HPS Partnership which oversees the development of the Network and collect additional data from four school sites in the Midwest.

The findings from the study will be reported in her thesis and may also be used as the basis for journal articles and conference presentations in the future. It will primarily be used to inform the ongoing work of the HPS Partnership here in the Midwest.

Please note that while the data will be anonymised it may be possible for some schools to identify themselves in the research. Ethical approval for the research has been sought and granted by the HPS Partnership, and by the Research Ethics Committee of Cambridge University.

A copy of the case developed for your school will be sent to the Principal and should you wish to have a copy of this please let Alanna know (details below). It is hoped that your involvement in the research will prove to be an enjoyable process for your school community. It will provide an opportunity for you to reflect and review your work in relation to Health Promoting Schools. It should also provide you with evidence which may inform future work.

**What involvement in your school will entail:**

Interviews with the Principal, two teachers (one of whom will have been involved in Health Promoting School) and two parents.

One discussion group with at least six children from Sixth and / or Fifth Class.

The interviews and discussion group will explore the school community’s experience of engaging with the HPS process.

Consent forms and permission slips for child participants are attached and parents will need to have signed and returned permission slips for their children prior to data collection.

All participants will be asked to sign a consent form before interview / focus group commencing.

It is hoped to collect the data over the course of two days. If parents wish interviews can be conducted in their homes if that is more convenient for them.

Your school's contribution to the research is very valuable and your engagement is greatly appreciated. Thank you for your support.

If you have any questions about any aspect of this research Alanna O'Beirne's contact details are provided below.

## **Exploring the development of a Network of Health Promoting Schools**

### **ADULT PARTICIPANT CONSENT FORM**

I understand that Alanna O’Beirne is conducting research into the development of the Health Promoting School Network in the Midwest region of Ireland. This is being completed as part of Alanna’s doctoral studies in the Faculty of Education at the University of Cambridge, UK.

This research may also be used to inform the ongoing work of the HPS Partnership.

I have agreed to participate (tick the appropriate box)

- ☐ As a member of the Steering Group of the HPS Partnership
- ☐ As a member of the Technical Working Group of the HPS Partnership
- ☐ As a principal of a school in the HPS Network
- ☐ As a staff member in a HPS school
- ☐ As a parent of a pupil in a HPS school

I understand that my answers will be anonymised and I can withdraw from participating at any stage without explanation.

I have been fully informed about the purposes of the research and freely agree to participate.

Signature of Participant: \_\_\_\_\_

Date:

## **Exploring the development of a Network of Health Promoting Schools**

### **Letter to parents seeking permission for their child's participation in the research**

Dear Parent,

My name is Alanna O'Beirne and in my role as Health Promotion Officer for Primary Schools I link with your child's school in its work as part of the Health Promoting School Network.

At the moment I am carrying out research on the Health Promoting School Network in four schools as part of a PhD study. I am interested in hearing from children and would like to include their views in my work. I am hoping to conduct a Focus Group (a general discussion) with six children from your child's class. The children are aware that research is going on at the moment but they will also be asked for their consent before participating.

Before conducting the research I would like to get your permission for your child to be involved. The Focus Group will be conducted and recorded (audio only) at the school and all children will be together in a group of six throughout the session. The children's responses will be later transcribed and they will not be identified in the final write up of the research.

If you have no objection to your child's participation please sign the permission slip below and return it in the envelope provided or to the school principal.

Please feel free to contact me if you would like any more details or information regarding the project or my research.

Kind regards,

Alanna O'Beirne

Contact details:

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### **PERMISSION SLIP**

I do / do not (please delete as appropriate) give my consent for my child

\_\_\_\_\_

(Please print the name of your child in BLOCK capitals here)

to participate in the Focus Group on the theme of the Health Promoting School.

Parent / Guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Exploring the development of a Network of Health Promoting Schools

### YOUNG PERSON'S CONSENT FORM

You have been asked to participate in research on the Health Promoting School Network. The Principal of your school and your parent / guardian have agreed that you can participate. Please read each of the statements below and tick the box on the side to indicate that you understand why the research is being carried out. At the end of the sheet you also have to sign your name to indicate that you are happy to participate in the Focus Group.

- ☐ I understand that Alanna O'Beirne is carrying out research as part of her degree studies and that the information she collects will also be used to help develop the HPS Network.
- ☐ I have been asked to contribute to a Focus Group which will take place in my school. (The Focus Group will be a discussion on the Health Promoting School with a number of other school pupils).
- ☐ I have agreed to participate in this research voluntarily. (This means that nobody forced me to get involved).
- ☐ My answers will be anonymised and kept confidential. (This means that no one will be able to identify what I said).
- ☐ I understand that there are no right or wrong answers and I can withdraw at any stage from the Focus Group. (This means that if I do not want to answer some or all of the questions that is fine).

I consent to my participation in this research project.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



## **APPENDIX VII Guidance re Research Participant Recruitment**

Principals were asked to identify at least two members of staff (one of whom had participated in HPS). Ideally the request for participants should be open to all and so it was suggested to the Principal that expressions of interest from participants should be sought at a formal staff meeting where all personnel would be present.

Principals were asked to identify at least two parents (one of whom had participated in the school's HPS Working Group) to participate in the research. Ideally all parents should be offered the opportunity to participate and it was suggested to the Principal that a letter be sent to each family seeking volunteers or alternatively to request participants using school website and/or text notification systems.

Principals were asked to send Pupil Consent Forms home for all children in 5<sup>th</sup> and 6<sup>th</sup> Classes. These letters were supplied by the researcher. In the case of over subscription it was decided that each individual class teacher could decide on how selection was to be completed. The researcher made some suggestions based on experience in the pilot i.e. to put all names in a hat and pick out six, to include children on basis of representation on HPS Working Group, mix of boys and girls, provide opportunity for shy/reticent children etc.

## **APPENDIX VIII Thumbnail descriptions of HPS Partnership members**

### **Education Centres**

Education Centres are the central element of the DES's in-service delivery infrastructure. During the study period there were 21 full-time and 9 part-time Education Centres providing teachers with continuous access to professional development vis-à-vis national programmes involving curricular reform, special education and locally identified teacher training needs. The role and function of the centres include:

- the provision of professional development opportunities and support for teachers and the wider education community through meeting locally researched and identified teacher and school community needs and also through involvement in national in-service programmes;
- involved as a major strategic resource within education in a range of national and other projects, programmes and initiatives as may be directed by the Minister, following consultation and in partnership with the Centres, for implementation in the education system from time to time;
- act as far as possible as a resource and meeting centre for the local school communities;
- actively promote its role in regard to all of its major functions;
- develop expertise in key areas as agreed by the Centres in consultation and partnership with the Department and to share such throughout the Education Centre Network and the education system in general;
- co-operate and engage with other Education Centres, full and part-time, so as to ensure that an effective network of Centres is established;
- provide other services and supports as may be requested by the Minister.

### **DES – Inspectorate**

The Inspectorate has a long history and tradition (particularly in Primary Schools) with the first inspection being carried out as early as 1816. It has evolved since then with the most recent legislation that is relevant being the Education Act 1998. This and other initiatives resulted in a more clearly defined role for the Inspectorate and a greater focus on the key tasks of the organisation.

The Inspectorate's objectives and main areas of activity are:

- Operating a programme of inspection in schools and centres for education;
- Monitoring and evaluating particular aspects of educational provision;
- Assessing and advising on the implementation of the Education Act and other relevant Acts and Departmental regulations generally;
- Contributing to and supporting policy development and review;
- Overseeing the operation and management of support services;
- Participating in North/South and international education activities.

The Inspectorate is divided into two sub-divisions;

1. the Regional Subdivision is responsible for the delivery and management of inspection/evaluative services and related advisory activities in schools and centres for education in five regional business units covering the country.
2. The Policy Support Subdivision is responsible for contributing to the development of Departmental policy across a range of areas, for supporting inspection/evaluative activity generally, and for operational services for the Inspectorate.

### **Whole school evaluation (WSE)**

A WSE occurs at primary level usually every 5-7 years. A report is written which presents the findings of the evaluation of the work of the school as a whole and which makes recommendations for the further development of the work of the school.

During an evaluation the inspector would normally hold pre-evaluation meetings with the principal, the teachers and the school's board of management, including parents' representatives. An evaluation takes place over a number of days during which the inspector visits classrooms and observes teaching and learning. The inspector interacts with pupils, examines pupils' work and interacts with teachers. The inspector also reviews school planning documentation and teachers' written preparation and meets with the in-school management team. Following an evaluation the inspector provides oral feedback on the outcomes of the evaluation to the staff and to the board of management. The board of management are given an opportunity to comment on the findings and recommendations of the report.

WSE Reports take the following format:

#### **Introduction**

1. Quality of school management
2. Quality of school planning
3. Quality of learning and teaching
4. Quality of support for pupils
5. Findings and recommendations for further development

### **Health Service Executive – Health Promotion**

The Health Service Executive (HSE) was established on January 1<sup>st</sup> 2005 and is responsible for promoting health and personal social services to everyone living in Ireland. Population Health, the section of the HSE in which is Health Promotion is situated, is responsible for promoting and protecting the health of entire population and target groups, with particular emphasis on health inequalities. Health Promotion aims to improve and promote health. It works to address key health issues including; promoting mental health, promoting physical activity and nutrition programmes, smoking cessation and sexual health issues. At local level its functions are organised through multi-disciplinary teams located in Local Health Offices.

### **School Development Planning**

The School Development Planning Support (SDPS) initiative was established in 1999 to promote school development planning in primary and post-primary schools (known as SDPI at Post Primary level). At primary level, SDPS supports schools in the process of formulating

a school plan that articulates the educational philosophy of the school, its aims and how it proposes to achieve them. The promotion of school effectiveness and improvement is the essential purpose of school planning. SDPS facilitators assist Principals and class teachers in working collaboratively to develop both organisational and curriculum policies. Facilitators hold meetings with school representatives to explore the school's annual development planning programmes and also organise seminars in individual schools and in clusters of schools.

Planning prompts and templates for each subject area of the curriculum have been designed by the SDPS together with Primary Curriculum Support Programme, in consultation with the National Council for Curriculum and Assessment. These planning templates are provided to assist schools in recording curriculum planning decisions.

Note: We took into account these planning templates at the beginning of our process and the LEAP reflects the same type of structures.

### **Primary Curriculum Support Programme (PCSP)**

The PCSP was established prior to the launch of the new primary school curriculum (1999). Its purpose was to mediate the curriculum for teachers and to enable them to implement it in their schools. The core task of the PCSP was to facilitate the professional development of whole-school staffs through in-service seminars and school-based planning days. As part of its dissemination and support strategy the PCSP developed a website that provides teachers, parents and boards of management with details of the organisation of professional development support and the content of seminars. It also provides templates for planning and exemplars of methodologies that can be downloaded and used in school and classroom contexts. PCSP personnel also respond to requests of parents' associations and boards of management for information about the curriculum and seminars for parents are organised.

### **Mary Immaculate College**

The College is an autonomous third level college formally affiliated with the University of Limerick. While historically a teacher training college, Mary Immaculate College has broadened its provision of accredited courses to include; undergraduate and postgraduate degrees in Education, Education and Psychology, the Arts and Early Childhood Care and Education. The researcher worked in both the college and the HSE throughout the study period.

### **SPHE Support Service (Post Primary)**

The Service was developed in partnership between the Department of Education and Science and the Department of Health and Children and at the time of this research comprised ten regional teams. It supports the implementation of SPHE in schools through in-service to Principals, school SPHE Coordinators, teachers of SPHE and whole staff groups by facilitating programme planning, school policy development, school visits and supporting the development of a 'health promoting school' approach.

## **APPENDIX IX**

## **Interview Guides**

### **Semi-structured schedule for Principal, staff and parent interviews**

**Could you give me first of all, a little bit of background about how you came to be aware of the HPS Network / or about how your school came to be involved in this project?**

Prompts

What is your understanding of the HPS concept ? level of awareness of the Network?

Why do you think the school got involved / stayed involved / drifted?

Did you have a role to play in HPS coming to the school? How?

Were you in favour of it being developed with your school community? Why?

**What is your understanding of what the school is doing in relation to promoting health?**

Prompts

Have you seen any changes as a result of your school placing a focus on health?

What would you like to see (more of)?

Do you think HPS is a good idea? / Is it too much work?

**What would help the school develop even more as a HPS or what hinders this, in your opinion?**

Prompts

What is needed to build and maintain HPS in your school?

Who is / should be responsible for developing HPS?

What could / does damage the project?

**What is your role in relation to HPS?**

Prompts

How actively have you engaged with the process?

How have you been informed about it?

**Is there anything else you would like to mention that we have not previously discussed or that you consider it is important to include?**

### **Additional questions for parents**

How did you get picked to be interviewed?

Do you need more information?

## **Semi-structured schedule for HPS Partnership Steering Group members' interviews**

### **Could you give me first of all, a little bit of background about the development of the HPS Network from your perspective?**

#### **Prompts**

What is your understanding of why and how the Network has developed?  
How did you / your organisation come to join the Network?  
What is your understanding of the HPS concept?  
How did you learn about it?

### **Overall, how have you found the experience of being part of the HPS Partnership?**

#### **Prompts**

How did you find the experience? (positive / negative)  
Were you given sufficient orientation within the partnership when you joined? (about the history, vision, ways of working, structure, roles and responsibilities)  
Do you think you understand the work and perspectives of the other partners?  
What do you think about the decision-making processes at meetings?  
Is information shared freely?  
Who has / should have responsibility for organising activities / events?

### **What factors support or impede the formation and development of the HPS Network in your opinion?**

#### **Prompts**

Could you give me examples of factors that supported / impeded development?  
What is required to build and maintain partner commitment to the process?  
Who is / should be responsible for developing HPS? (who provides drive / leadership)  
Are there core / lead partners (should there be)? (how do you feel about this)  
Do you think roles and responsibilities are clearly defined?

### **How would you describe your role in the HPS Partnership?**

#### **Prompts**

What do you think you have brought / gained from the experience?  
What have you enjoyed / found difficult about the process?  
What is your or your organisation's interest and motivation for involvement?  
Is the work of the HPS Partnership important for your own work? How?  
Do you have any concerns about being involved?  
What is the best thing about being involved?

### **Is there anything else you would like to mention that we have not previously discussed or that you consider it is important to include?**

What do you think the HPS Partnership could achieve?

## **APPENDIX X Protocol for Discussion Group with Children**

Researcher introduces herself and explains the aims of the study. The format for the Discussion Group is explained to the children.

The researcher indicates that she has received Consent Forms from the children's parents giving their permission for their son / daughter to participate. The principal of the school has also agreed. Pupils' permission is now sought. The researcher distributes Assent Forms to the children and goes through each of the points on the form. Each child is asked to tick the points once they understand the form and sign it.

The researcher facilitates the generation of a set of Ground Rules with the group which are written on a flip chart sheet and posted on the wall.

Pupils are asked to state whether they have been part of the School's HPS Working Group or not. Pupils are also generally asked about their involvement in any "healthy activities" that the school may have run.

Different coloured post its are distributed. Each child is given their own unique colour. Children are told not to write their name on the post its.

Children are asked to think about what it means to be healthy. The children are asked to spread out around the room and not to confer with anyone else. They are directed to write down one idea on a post it of what being healthy means to them. They can complete as many post its as they like. The researcher checks that children understand the task and goes around the room collecting completed post its while the children carry out the task.

The researcher places the post its in broad themes up on the flip chart, for example, Eating Healthy, Physical Activity. Researcher points out the key trends emerging from the post its, that is, key items mentioned, most mentions, unusual examples etc. and asks children for their response to these. Is this what they would have expected? Does anything surprise them?

Children are asked a series of questions in this manner.

- How does school promote your health?
- How does home promote your health?
- How could their health be improved further?

Depending on the ability of the group, the researcher may ask the children to group the post its themselves after each question.

Following the post it exercises the researcher summarises the key learning points from the discussion. The researcher explains how the post its will be used in the research and highlights the children's anonymity. The children are thanked for their efforts and participation.

## APPENDIX XI Summary of HPS Partnership meetings

Date	Meeting	Items discussed	Decisions	Action / Outcomes
01/09/2005	Preparatory talks	Results of HPS survey and potential of HPS	Agreed to meet again	Additional 'partners' identified and contacted
26/09/2005	Initial meeting of Steering Group (SG)	2004 research How to approach / select schools LEAP framework Info Leaflet Official launch Accreditation Other potential stakeholders	Chair agreed Criteria for selecting schools agreed Adoption of LEAP framework to guide planning	Membership of SG expanded Sub group established to develop resources Letters of invitation sent to schools Introductory workshop to be developed
26/10/2005	Initial meeting of Technical Working Group (TWG)	Widening membership of TWG Planning of workshop Support resources	Roles and responsibilities for tasks assigned	Information Workshop designed Support literature developed Initial approach to schools made
21/11/2005	HPS Planning Day	HPS concept Partnership progress to date LEAP approach Roles and responsibilities	All Health Promotion team will participate in TWG Smaller working groups will be assigned tasks	All TWG members to identify previous history of links with participating schools and share to group
26/11/2005	Sub group of TWG	Feedback from Planning Day LEAP approach	Teams assigned to work with schools	Training workshops developed School engagement
19/12/2005	TWG	LEAP Framework		TWG capacity building
11/01/2006	TWG	Schools HPS Workshop	Content and process agreed	TWG capacity building for HPS facilitation
01/02/2006	Sub group of TWG	Prep for SG Launch	Agenda agreed Launch date to be revised	Agenda and outline for SG meeting sent to Chair
20/02/2006	SG	TWG update re school engagement, launch proposal, resource development, Accreditation What to do with schools outside Network	Project address agreed Resources revised and approved New Launch date agreed Self selecting schools to be kept on file for next round of implementation	Directions from SG communicated to TWG Resources printed Two ex[old] HPS to be invited to launch and ask to present



Date	Meeting	Items discussed	Decisions	Action / Outcomes
22/03/2006	Sub group of TWG	Review of resources [Audit tool, Introductory HPS Workshop, Engagement Form, Lesson Plans], Cluster concept Launch		Resources revised Rationale for Clusters developed
23/05/2006	Sub group of TWG	Prep for SG Launch Review Day	Scope and format of launch agreed	Documents prepared for SG meeting and forwarded to Chair
29/05/2006	SG	Terms of Reference TWG update on schools work Revised documents Launch	Endorsement of documents Approval of Launch plan	Terms of Reference to be brought to TWG Launch preparation progresses
31/05/2006	Review Day	Reflection and evaluation of work to date		Feedback to inform on-going work and development plan
01/09/2006	SG	Launch Feedback from Review Day Feedback from Cluster meetings Terms of Reference	List of invitees agreed Terms of Reference approved	Launch invites designed and sent Prep for launch
14/09/2006	TWG	Work with schools Launch	Need for plan for next phase	School engagement Final preparations for launch
25/09/2006	SG	Launch (details of protocol, confirmation of invite acceptances)	Press release agreed HPS launch paraphernalia – pens, t-shirts etc – approved Roles for launch agreed	Final launch prep tasks
18/10/2006	Launch			HPS profile raised Impetus to schools work
27/11/2006	TWG	LEAP Framework Step 5 Future planning	12 schools to progress to Phase 2 Tasks assigned to sub groups	Sub group to write up process to date Sub group to develop evaluation of initiation stage with schools Exploration of HPS website idea

Date	Meeting	Items discussed	Decisions	Action / Outcomes
04/12/2006	SG	Review of Launch TWG update 2007 Planning Accreditation Replacing partners Summer School Website Newsletter	Schools to receive framed photo from launch	Chair will seek DES replacements HPS Summer School application developed
12/12/2006	TWG	SG feedback Review of Launch 2007 Planning Communication Strategy Accreditation	School Action Plans to be collated Summer School application agreed Criteria for Accreditation identified	Network expansion strategies developed LEAP Steps 1 and 2 completed for Phase 2
18/01/2007	SG	Summary of Launch Review TWG update LEAP Parental participation Bilingual resources Research request from AO'B	Consolidation of existing Network schools prioritised over expansion Summer School application endorsed Research request approved	Work progressing with existing schools COGG contacted re translation of support materials
05/02/2007	TWG	SG update Summer Schools Meeting templates	School Working Groups will be facilitated for four meetings by the TWG	Sub group developed Briefing document to accompany Audit tool Step 3 of LEAP completed
06/03/2007	TWG	Summer Schools Audit Tool Website	Roles and responsibilities re Summer Schools assigned	Feedback received on implementation of Audit Tool Materials for Summer Schools identified
28/03/2007	SG	Summer Schools TWG update Communications Strategy Network Development Strategy Role of Chair	Letter to be sent to each Network school to invite participation in Summer School Network Development workshop to be designed.	Communications Strategy proposal developed Vision workshop designed New Chair and Vice Chair in place

Date	Meeting	Items discussed	Decisions	Action / Outcomes
18/04/2007	TWG	SG update Schools work Vision workshop	Vision Workshop agreed	Planning for upcoming Vision Workshop
11/06/2007	SG	Review of work Vision Workshop Summer Schools Membership of SG	Chair to contact DES re new partners Vision Workshop endorsed and date set	Finalise details of workshop
02/10/2007	Vision Workshop	Five year plan for Network	Plan agreed by SG and TWG	
18/11/2007	Sub group of TWG	Write up of Vision Workshop Plan for SG		Evaluation of workshop written up and circulated
26/11/2007	SG	TWG update Summer Schools Accreditation Presentation to DES Inspectorate	Scheduling of meeting with Inspectorate	Sub group working on Accreditation
03/03/2008	SG	TWG update Audit tool Inspectorate Communications Strategy HSE based group considering Integrated School Health Services	TWG directed to expand Clusters as per Network Expansion Strategy	Inspectorate contacted re role in Accreditation process Schools asked for input on Accreditation process Development of website and newsletter initiated
09/05/2008	SG	TWG update Accreditation Links with other stakeholders Communication Strategy Irish language documents Retirement of Chair	Primary Care Teams and Public Health Nurses to be invited to send representative to Partnership meetings	Accreditation Tool drafted (HPS Award) New stakeholders identified Resources printed in Irish
22/09/2008	SG	Membership of SG DES restructuring Recession constraints Accreditation Tool National developments	New meeting regime (alternate locations)	Replacement of partners lost to relocation and retirement Link between regional Network and national HPS developments established

Date	Meeting	Items discussed	Decisions	Action / Outcomes
05/12/2008	SG	TWG update Expansion of Network Lack of participation HSE representation	Increase diversity in Network schools agreed Orthodontic Service to be invited to SG	Special Schools approached to participate in Network Letters to poorly performing schools sent to encourage better uptake
23/02/2009	SG	Membership Website Network Expansion	Special Schools endorsed as members of Network Inspectorate to be approached to send nominee	Website development Approach to Inspectorate
21/05/2009	SG	TWG update Website	Cluster meetings of schools agreed Website content approved	Cluster meetings arranged Website development
11/03/2011	SG	Feedback from Cluster meetings National HPS Framework	More opportunities for collaboration between schools endorsed	Ongoing schools work Links with national developments
03/04/2012	SG	TWG update National structures Website	Website approved Transition to national model agreed	Schools work Website goes live
25/06/2012	SG	Schools work update HPS website SPHE conference Partnership expansion Future planning	HPS Award to be piloted with two schools seeking accreditation Introductory HPS workshop to be designed for Primary Care Teams(PCT)	Schools work acknowledged HPS workshop developed Ongoing work with schools Website development ongoing
15/10/2012	SG	PCT Workshop PhD research HPS Award	Workshop endorsed Award dates agreed	Feedback from research circulated Award ceremonies Dissemination
22/01/2013	SG	Schools update Summer Schools New resources	Workshop dates agreed Resources approved	Summer School applications Workshops facilitated

## APPENDIX XII

### Summary of LEAP approach and key principles

LEAP stands for Learning, Evaluation and Planning. The LEAP framework was revised in 2006 (2<sup>nd</sup> Edition) by the Scottish Community Development Centre to support a partnership approach to achieving change and improvement. It describes both an approach to change and a 5 step planning and evaluation cycle that can be used to implement the approach.

*The following principles underpin the LEAP approach:*

We should plan and act according to need.

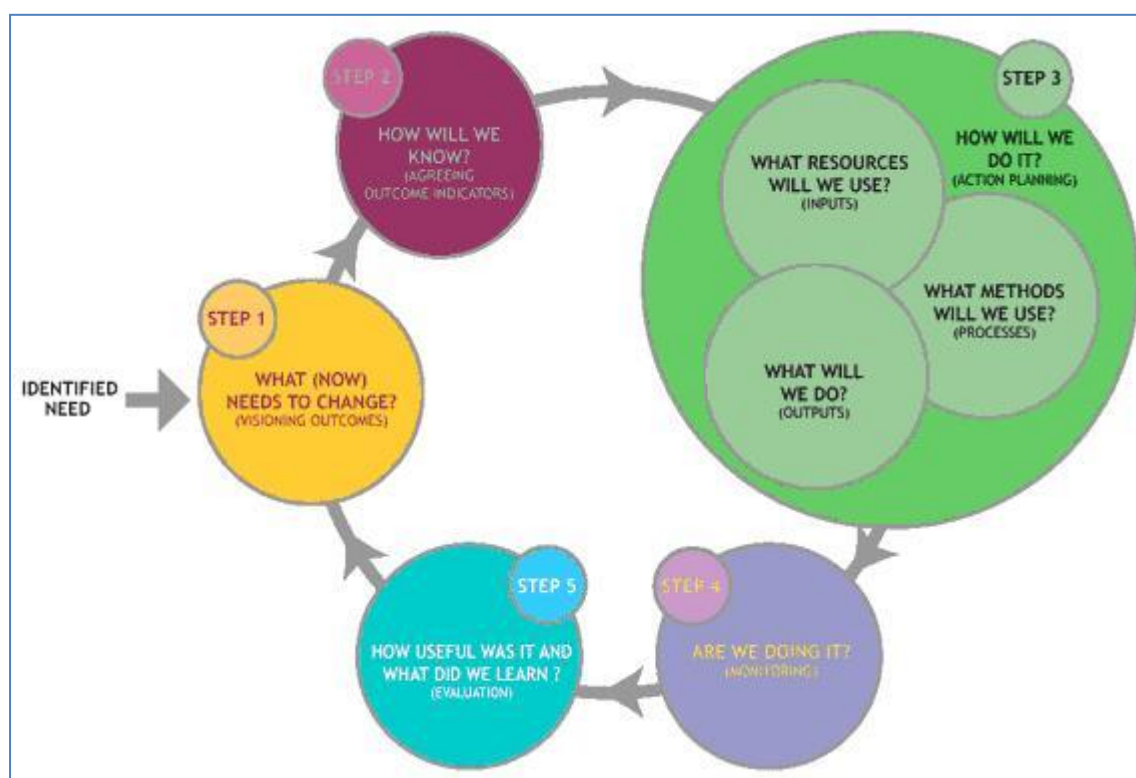
We should be clear about what we hope to achieve and whether we've achieved it – planning and evaluation should be outcomes focussed.

We should recognise that achieving change depends on building on and using people's strengths and abilities – planning and evaluation should seek to build on capacity and develop assets.

We should plan, act and evaluate in partnership and involve all relevant stakeholders where possible.

We should be committed to learning from what we do, and from each other and applying this learning to improve our effectiveness and efficiency.

The framework is summarised in the diagram below.



***The LEAP planning and evaluation cycle is based on 7 questions.***

What is the need we are trying to address?

What specifically needs to change?

How will we know if change has taken place?

What will we actually do?

How will we make sure we're doing it as planned?

How successful have we been and what have we learned?

What now needs to change?

## APPENDIX XIII: Sample HPS Summer School

Many primary school teachers in Ireland participate in courses during the summer months for continuing professional development. Teachers who participate in courses which have been approved by the DES are eligible to apply for 3 additional days leave over and above their allocated annual leave allowance during the school year in recognition of their giving up five days of their time for CPD purposes.

The DES Application and Accreditation process is rigorous and requires service providers to outline details of the course organisation (venues, facilitators, format etc), course content, objectives for each session, expected learning outcomes for teachers, methodologies to be used and the assessment procedures for the course.

The HPS Partnership developed Summer Schools on the theme of HPS and received DES approval for same. Below is a sample outline of the themes covered in a typical HPS Summer School. Please note HPS Summer Schools are five day courses delivered face-to-face and adopt an interactive format.

DAY	Morning	Afternoon
One	<b>Introduction and welcome</b> Aims and objectives Group expectations Ground rules  <b>The Health Promoting School</b> Rationale and Components Linking to approaches and methodologies in SPHE	<b>The Environment</b> Developing a school garden Using playground markings Green Schools Resources and support
Two	<b>Healthy Eating</b> Issues around nutrition Developing a healthy eating policy Supports and resources	<b>Action for Life Workshop</b> Promoting non-competitive and inclusive play Co-operative games
Three	<b>Loss and Bereavement Workshop</b> Personal patterns to coping with loss Strategies	<b>Zippy's Friend's Training</b> Primary school resource for coping with loss and bereavement
Four	<b>Problematising SPHE</b> Developing an RSE policy Implementing the RSE curriculum Involving parents	<b>Internet Safety and Cyberbullying</b> Best practice in use of ICT Bullying prevention Self esteem and links to behaviour
Five	<b>Promoting Teachers Health</b> The Healthy Staffroom Voice Care Health behaviours and behaviour change	<b>Review</b> Reflection: How does what we have been doing relate to my school context? Formal evaluation

#### **APPENDIX XIV: Action Plan on Internet Safety**

Please note: A separate column with a timeline for each activity should also be included when developing the Action Plan.

<b>Activity</b>	<b>Who involved</b>	<b>Preparation / resources</b>
Internet Safety Workshop for Staff	HPS Partnership Teachers	HPS Partnership will facilitate a workshop for staff highlighting best practice and supports and resources available
Internet Safety Workshop for Parents	HPS Partnership Parents	HPS Partnership will facilitate a workshop for parents highlighting best practice and supports and resources available
Review of Code of Behaviour	School's HPS Working Group HPS Partnership	Code of Behaviour to be reviewed to incorporate Anti Cyberbullying Strategies and best practice on the use of ICT in the school (informed by DES Action Plan on Bullying)  Revised Code to be circulated for consultation
Internet Safety Lessons	Teachers Pupils	Using webwise resources  Children from 2 <sup>nd</sup> Class and up to be taught Netiquette at a minimum
Launch of new Code of Behaviour	Principal Whole school community	Principal to hold special assembly on theme of Internet Safety  Pupils to ensure each computer in the school has the Safebook Guidelines in visible place near each computer



## APPENDIX XV: Partnership Resources to Record and Support consultation stages



Initial Meeting

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Attendees: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Outline of HPS:** (See back for explanatory notes)  
Whole School approach  
Working in partnership  
Participation in Network  
Assessment (National Agenda - Participation)

**Steps in Process:** Approach Principal  
Brief staff  
Parents facilitated session  
Student lesson plans  
Establishment of Working Group  
Signing up

**Resources:**

Needed

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Supplied

HPS Leaflets

Lesson Plans

Workshop Facilitation

Commitment contract

Date set for Staff Briefing? \_\_\_\_\_

Any additional comments?

### HPS Whole school approach

This approach mirrors that of whole school implementation of SPHE and is compatible with the principles underlying whole school planning. It aims to include all members of the school community in the consultation, implementation and evaluation of the process.

### Working in partnership

Partners in health and education have given their support to the development of a HPS Network. The HPS Partnership will work with individual schools to assist them identifying health needs, developing action plans, establishing success criteria and assessing themselves against these criteria.

### Participation in the Network

Being involved in the HPS Network will take the school through a practical process which improves the health of all members of the school community.

The school will assess its involvement on a yearly basis.



## Facilitated Workshop

- Aims:**
- ✕ To outline the Health Promoting School (HPS) concept.
  - ✕ To build enthusiasm in the school community for HPS.
  - ✕ To encourage volunteers to join the school's Working Group.

### **Short opening exercise:**

What does the idea of a health promoting school mean to you?

Talk with partner for 2/3 minutes.

Feedback taken, followed by brief input (based on Page 2 of HPS leaflet).

### **Small group exercise:**

In your groups discuss what the school does already that is health promoting. Write your ideas **outside** the circle on the worksheet provided. Headings have been provided which reflect key areas of importance to a HPS.

Next, consider how being involved in the HPS Network would enhance different aspects of the school. Jot these ideas on the **inside** of the circle.

Take feedback on the potential gains identified.

### **Description of the process for the school:**

Provide information sheet (overleaf) and discuss.

- Summary
- establishment of working group
  - identification of needs of school
  - picking action areas to work on
  - developing a plan around these areas
  - communicating this to the whole school community
  - implementing and assessing plan



## Health Promoting School Process

**There are a number of steps in developing a HPS;**

- ✦ The HPS concept has to be introduced to the whole school community. Staff have to be informed, an information evening for parents should be hosted and students should also be included.
- ✦ A Working Group has to be established which represents the whole school community.
- ✦ The first task of the Working Group is to look at what areas of the school are currently health promoting.
- ✦ Next, specific areas for action need to be identified by the Working Group. Ideally, actions for each of the Key Areas of the HPS should be targeted over a two-year period.
- ✦ The Working Group is responsible for recording progress on Action Areas. Initiation, participation and completion of agreed targets need to be recorded and communicated to the whole school community.
- ✦ Each year the efforts and achievements in relation to HPS should be brought to the attention of the whole school community and celebrated.



## Working Group – Guide sheet on Action Areas

Specific areas for action need to be identified by the Working Group. Ideally, actions in each of the key areas should be targeted over a 2 year period. This helps ensure that all aspects of school life are addressed.

### Key Areas:

#### **Environment**

This includes both physical and social environments.  
Physical – i.e. school is a safe, secure and stimulating place to work and learn.  
Social – i.e. school has a climate in which good communication, relationships, respect and consideration for others can flourish.

#### **Curriculum and learning**

The HPS provides a coherent and integrated social, personal and health education for all students. HPS also provide opportunities for the personal and professional development of staff and parents.  
Resource materials will be identified and provided which can support the key messages of HPS.

#### **Partnership**

The HPS adopts a partnership approach both locally and in the Network. The membership of the Working Group reflects this principle by being made up of representatives from all parts of the school community.

#### **Policies**

HPS formulate, implement and review health related policies and plans that are in accord with the school aims and ethos and which have been developed in consultation with the whole school community.

### Communication

The Working Group needs to consider as part of its action planning, how to keep the wider school community focussed on the message of the HPS.

### *Acknowledgement*

Each year the achievements and efforts in relation to HPS should be brought to the attention of the whole school community and celebrated.

### HPS Philosophy

The process is guided by the following principles:

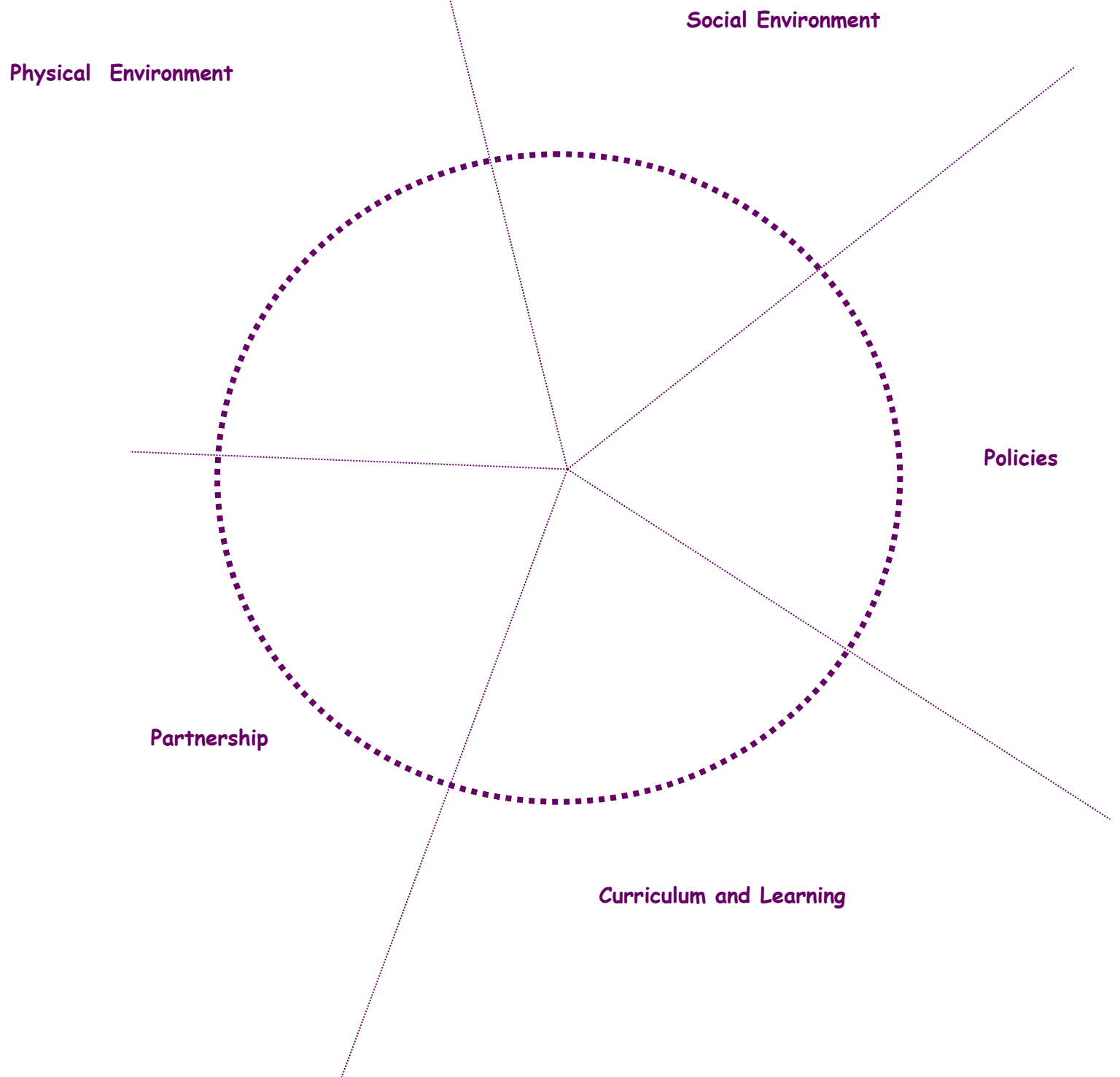
*Empowerment*     The HPS enables the members of the school community to take action and generate change.

*Democracy*        The HPS reflects an inclusive and participative process, recognising that home, school and the wider community have a vital role to play in the creation of a supportive environment.

*Sustainability*    The HPS commits to a long-term process of growth that will meet its own identified needs.

*Collaboration*    The HPS adopts a partnership approach that clarifies roles, communications, responsibilities and accountability.

*Holistic*            The HPS is a process that draws on all the resources within the school community while simultaneously seeking to influence all aspects of the life of the school.



## **SAMPLE LESSON PLANS TO INTRODUCE HPS TO PRIMARY SCHOOL CHILDREN**

### **SAMPLE LESSON PLAN 1**

This lesson plan is suitable for use with children at the junior end of primary school and adopts a Draw and Write approach. The goal here is to introduce the idea of health with the children and also to collect data on their views of health.

#### **Aim of lesson:**

To raise awareness about health with children

To identify what children do to be and stay healthy

To identify who helps children to be and stay healthy

#### **What you will need:**

Each child should be provided with an A4 sheet and a pencil

Crayons / colouring pencils can be provided for groups at each station

#### **Introduction**

Today we are going to be thinking about what makes a healthy person? The reason we are going to do this is because our school is going to be looking at health more closely in the future. We want to hear what you think it means to be a healthy person.

SO, I want you to think about a healthy person and we call this person Jo- Jo. Jo-Jo can be a boy or a girl. Jo- Jo is happy and healthy.

**Activity One:** You have to draw a picture of what Jo-Jo looks like.

Allow time for the children to draw the picture.

**Activity Two:** Now I want you to draw all the things around Jo-Jo that help to keep Jo-Jo healthy and happy. You can draw as many things as you want. I will come around and you can tell me what the things are that you are drawing and I will help you write down what each thing is. Please work on your own and don't look at anyone else's pictures. I want to see your own ideas about what makes Jo-Jo happy and healthy.

Allow plenty of time for this activity.

**Activity Three:** Now turn over your page and here we are going to draw all the people who help to keep Jo-Jo happy and healthy. I will come around and you can let me know who they are and I will help you to write their names.

Allow plenty of time for this activity.



## Conclusion

Ask each child to write down if they are a boy or a girl on the bottom of their sheet. They should not write their name on the sheet.

Thank the children for their contribution. Explain that you are going to look at each of the sheets and these will be used to see what children think is important to keep them healthy and happy. This is important because our school is going to be looking at health more closely in the future and we want your views to be included. You will be hearing more about health in the future.

## Analysis of Lesson 1

You will need to summarise or categorise the children's work for your schools HPS team.

Look at side one of the children's worksheets and note the following:

- \_\_\_\_\_ How many children have drawn Jo-Jo with a smiling face?
- \_\_\_\_\_ How many have drawn Jo-Jo doing something active or playing a game?
- \_\_\_\_\_ How many show outdoors, weather or sunshine?
- \_\_\_\_\_ How many show medicines or visiting a doctor?
- \_\_\_\_\_ How many indicate disability?
- \_\_\_\_\_ How many include healthy food?
- \_\_\_\_\_ How many have included other people (and if so, what is their role)?
- \_\_\_\_\_ Is there an indication of safety awareness (e.g. road crossing, wearing buoyancy aids for swimming)?
- \_\_\_\_\_ Is money included in any way?
- \_\_\_\_\_ Is a house or some aspect of home shown in the picture?
- \_\_\_\_\_ If avoiding things like smoking or taking drugs is included?

Look at side two and summarise the range of people the children have drawn as 'healthy helpers'.

- \_\_\_\_\_ Family members (parents, grandparents, siblings)
- \_\_\_\_\_ School staff (Teachers, SNAs, Principal)
- \_\_\_\_\_ Auxiliary staff (Lollipop Lady/Man, caretaker)
- \_\_\_\_\_ Medical staff (Doctor, Nurse, Dentist)
- \_\_\_\_\_ Other

Finally, it may be interesting to note if there are differences in the responses from boys to girls.

If there are significant differences these should be noted. This could be used for a follow-up discussion with the children at the next lesson.

## **SAMPLE LESSON PLAN 2**

This lesson plan is suitable for use with 7 – 12 year old children. It adopts a Draw and Write approach. The goal here is to introduce the idea of health with the children and also to collect data on their views of health.

All children should complete the first two activities using Handouts 1 and 2. Depending on the age and stage of development of your group you can extend the lesson to incorporate some or all of the remaining activities using Handout 3 , 4 and 5.

### **Aim of lesson:**

To raise awareness about health with children

To identify what children think the school does to promote their health

To identify who helps children to be and stay healthy

### **What you will need:**

Sufficient copies of each of the Handouts 1-5.

### **Introduction**

Today we are going to be thinking about what makes our school healthy. The reason we are going to do this is because our school is going to be looking at health more closely in the future.

Note to teacher: You can decide here if you want to tell children about the school's plan to become a HPS or you can go straight to the activities.

We want to hear what you think makes a happy and healthy school?

Distribute Handout 1. (Two copies of Handout 1 will fit on one A4 page).

Ask children to complete the activity and discuss the children's descriptions.

## Handout 1

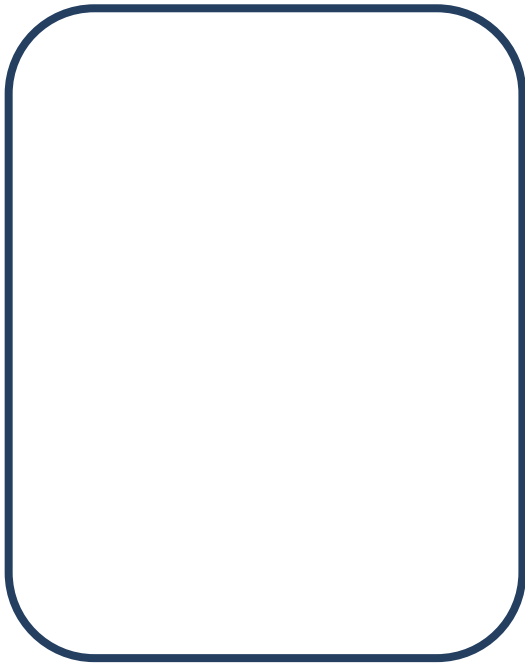
An alien from outer space has arrived in our school. You are trying to tell them what a healthy and happy school is.

**A healthy and happy school is a place where.....**

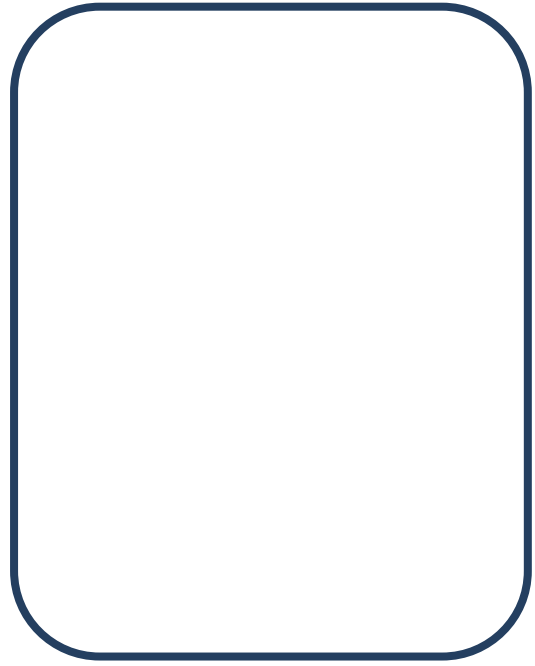
## Handout 2

Who helps to make our school a healthy and happy place?

Draw two people and write their name under each picture.



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How do they make our school happy and healthy?

I have chosen ...

because...

I have also chosen ...

because...

### Handout 3

Here are some places around your school. Imagine you are a healthy and happy schools detective. You have to go around these places and find things that show if they are healthy and happy places. Write what you find.

	Things I like	Things I don't like
Toilets		
Where I eat		
Playgrounds		
Classrooms		
Corridors		
Other places		

Is there anything else that you do or do not like about your school?

I like ...

I do not like ...



## **First Meeting of School's Working Group**

**Date**

### **AGENDA**

- 1. Introduction**
- 2. What has happened so far**
- 3. Outline of roles**
- 4. Signing of Engagement Form**
- 5. AOB**



## First Meeting of School's Working Group

Date

### WHAT HAS HAPPENED SO FAR . . .

Research conducted with schools in 2004

Steering Group established

Schools contacted

Official Launch of Network

Meeting with Principal

Meeting with Staff

Meeting with Parents

Lesson Plans for Pupils

*Consultation process*

All of the above is what the HPS Partnership calls the Engagement Phase.

We now are moving into the next stage which is the Planning and Preparation Phase.



## First Meeting of School's Working Group

### OUTLINING OF ROLES

#### Participation in the Network

Being involved in the HPS Network will take the school through a practical process which improves the health of all members of the school community.

The school will assess its involvement on a yearly basis.

It aims to include all members of the school community in the consultation, implementation and evaluation of the process.

Specific areas for action need to be identified by the Working Group. Ideally, actions in each of the key areas should be targeted over a 2 year period. This helps ensure that all aspects of school life are addressed.

#### Communication

The Working Group needs to consider as part of its action planning, how to keep the wider school community focused on the message of the HPS.





## Engagement with the Health Promoting School Network

### Rationale:

A Health Promoting school can be categorised as a school constantly strengthening its capacity as a health setting for living, learning and working (WHO 1998).

### The school community will commit:

- ✘ To introduce the concept of the Health Promoting School (HPS) to the staff of the school.
  - ✘ To fully inform and facilitate consultation with parents about the HPS process.
  - ✘ To fully inform and facilitate consultation with students about the HPS process.
  - ✘ To be guided according to the principles of the HPS process, namely, an empowering, democratic, sustainable, collaborative and holistic approach that promotes a healthy lifestyle for everyone.
  - ✘ To facilitate the formation of a working group that is representative of staff, parents, students and other members of school community as appropriate.
  - ✘ To nominate a link person within the working group who will be a contact with the Health Promoting School Partnership.
  - ✘ That the Working Group will identify specific areas of action. Ideally, actions in each of the key areas will be targeted over two years.
  - ✘ That the Working Group, in consultation with the principal, will draw up and implement a two-year **Action Plan** based on the key areas of HPS that reflect all aspects of school life, namely the social and physical environment, curriculum and learning, partnership and policies, and the whole school community will support the implementation of this plan.
  - ✘ To participate in a review process every two years to maintain its HPS status.
-

## The Health Promoting School Partnership will commit:

- ✕ To support the school in introducing the concept of HPS to the whole school community.
- ✕ To facilitate the school to identify their key areas of action, develop an Action Plan, success criteria which link to their action plan, and assess themselves against these criteria.
- ✕ To support a whole school Social, Personal and Health Education curriculum and to provide advice and consultancy on teaching materials and resources.
- ✕ To facilitate the school to develop health related policies in the school,
- ✕ To provide support and to communicate with the school link person on the Working Group.
- ✕ To provide information and/or facilitate contact with other health or voluntary agencies which may be needed by the Working Group to facilitate their action plan.
- ✕ To organise the sharing of learning and experience of each school through cluster meetings.
- ✕ To recognise a school as a Health Promoting School once it has completed its initial actions.
- ✕ To develop an Award in recognition of schools' participation and achievement in the HPS Network.

## Details:

School Name:

Address:

Email address:

Telephone number:

Principal:

HPS Partner:

Signature:

Signature:

HPS School Coordinator:

Signature:

E-mail:

Telephone:

## Working Group Details

<p>Name:</p> <p>Representing</p> <p>(staff/parents/students/other):</p> <p>How did you become involved in the working group?</p>	<p>Name:</p> <p>Representing :</p> <p>How did you become involved in the working group?</p>
<p>Name:</p> <p>Representing :</p> <p>How did you become involved in the working group?</p>	<p>Name:</p> <p>Representing :</p> <p>How did you become involved in the working group?</p>
<p>Name:</p> <p>Representing:</p> <p>How did you become involved in the working group?</p>	<p>Name:</p> <p>Representing :</p> <p>How did you become involved in the working group?</p>
<p>Name:</p> <p>Representing :</p> <p>How did you become involved in the working group?</p>	<p>Name:</p> <p>Representing :</p> <p>How did you become involved in the working group?</p>

Add another page if needed.

Form completed on this date:



## **Second Meeting of School's Working Group**

**Date:**

### **AGENDA**

- 1. Minutes**
- 2. HPS Audit - self assessment questionnaire**
- 3. Decide on Action Area**
- 4. AOB**



## Self assessment questionnaire for Health Promoting School

This questionnaire is intended to highlight aspects of your school which are currently health promoting, and give you some suggestions of areas for attention. It is not intended to be exhaustive. **4 is the highest score your school can achieve here and 1 is the lowest.** Indicate your school's rating by circling the appropriate number.

### Social environment

Each school has a distinctive atmosphere which usually reflects the extent to which the school takes care of the social and emotional development of the pupils.

#### To what extent .....

- |    |  |   |   |   |   |
|----|--|---|---|---|---|
| 1. | Is your school an enjoyable place in which to work and learn?                                      | 4 | 3 | 2 | 1 |
| 2. | Does the curriculum support the emotional and social development of pupils?                        | 4 | 3 | 2 | 1 |
| 3. | Do you feel that your Anti-Bullying policy is effective?   | 4 | 3 | 2 | 1 |
| 4. | Do staff and pupils show respect towards each other?   | 4 | 3 | 2 | 1 |
| 5. | Does the school ensure that boys and girls have access to all the resources of the school equally? | 4 | 3 | 2 | 1 |
| 6. | Are the achievements of pupils positively valued and praised?                                      | 4 | 3 | 2 | 1 |
| 7. | Does the school have a warm, welcoming and inclusive environment?                                  | 4 | 3 | 2 | 1 |
| 8. | Are pupils and parents offered support during the transition from primary to post- primary?        | 4 | 3 | 2 | 1 |

What is working well in the <b><u>Social Environment</u></b> in your school?	Are there areas you would like to develop further?

## Physical Environment

The section considers whether the physical environment is safe, hygienic, eco friendly and attractive. In a Health Promoting School this is achieved by co-operation and support of staff and pupils.

**To what extent.....**

- |    |   |   |   |   |   |
|----|---|---|---|---|---|
| 1. | Is your school clearly signposted?  | 4 | 3 | 2 | 1 |
| 2. | Does the state of the buildings encourage pupils and other users to be respectful?                    | 4 | 3 | 2 | 1 |
| 3. | Does the school promote health by having regularly maintained toilet facilities for staff and pupils? | 4 | 3 | 2 | 1 |
| 4. | Are hand washing facilities adequate?   | 4 | 3 | 2 | 1 |
| 5. | Are maintenance and caretaking staff involved in the HPS project?                                     | 4 | 3 | 2 | 1 |
| 6. | Is students' work related to the environment clearly displayed in the school?                         | 4 | 3 | 2 | 1 |
| 7. | Does your school have an anti-litter campaign and a recycling initiative?                             | 4 | 3 | 2 | 1 |
| 8. | Are parents aware of and involved in, environmental campaigns in the school?                          | 4 | 3 | 2 | 1 |

- |     |  |                  |
|-----|--|------------------|
| 9.  | Are the pupils involved in developing the garden(s),<br>planted areas, or green areas of the school?                   | 4    3    2    1 |
| 10. | Do you think visitors would find the environment of the<br>school safe, hygienic and welcoming?                        | 4    3    2    1 |
| 11. | Are there clear signs to indicate speed and vehicle<br>control in the school grounds or in the vicinity of the school? | 4    3    2    1 |

What is working well in the <b><u>Physical Environment</u></b> in your school?	Are there areas you would like to develop further?

## Curriculum and Learning

Teaching and Learning form the core work of every school.

**To what extent.....**

- |    |   |                  |
|----|---|------------------|
| 1. | Do all pupils get the opportunity to do all subjects on the<br>curriculum?  | 4    3    2    1 |
| 2. | Is there continuity of timetabling so as to allow pupils and<br>teachers to develop a good teaching and learning environment? | 4    3    2    1 |
| 3. | Does the school foster:   |                  |
|    | (a) Personal responsibility for learning?   | 4    3    2    1 |
|    | (b) Independent thinking?   | 4    3    2    1 |
|    | (c) Active involvement in learning?   | 4    3    2    1 |
|    | (d) Interaction with other learners?  | 4    3    2    1 |
| 4. | Do teachers have all the resources they need for teaching<br>the curriculum?  | 4    3    2    1 |

- |     |   |   |   |   |   |
|-----|---|---|---|---|---|
| 5.  | Does the school make provision for pupils with differing abilities and aptitudes?   | 4 | 3 | 2 | 1 |
| 6.  | Is information about all pupils social and academic progress recorded appropriately and shared with pupils and parents?                 | 4 | 3 | 2 | 1 |
| 7.  | Does the school celebrate the efforts and progress of all pupils' achievements?   | 4 | 3 | 2 | 1 |
| 8.  | Does the school implement the Social and Personal Health Education curriculum as approved by the Department of Education and Science?   | 4 | 3 | 2 | 1 |
| 9.  | Does the school implement the Relationship and Sexuality Education module of the SPHE Curriculum up to 6 <sup>th</sup> Class?           | 4 | 3 | 2 | 1 |
| 10. | Does the school involve pupils in identifying their needs in relation to the SPHE curriculum?   | 4 | 3 | 2 | 1 |
| 11. | Does the school ensure that teachers can attend in-service training related to the delivery of SPHE related to methodology and content? | 4 | 3 | 2 | 1 |
| 12. | Does the school promote close links between SPHE and the pastoral care / guidance systems in the school?                                | 4 | 3 | 2 | 1 |

What is working well with regard to <b><u>Curriculum and Learning</u></b> in your school?	Are there areas you would like to develop further?



## Policies

Each school has its own unique way of encouraging student development. This section looks at what policies the school has in place to achieve this.

To what extent.....

1. Are staff and parents and pupils involved in the development and implementation of school related health-related policies? 4 3 2 1

2. Does the school have a policy (either written or understood) on? :

<b>Healthy eating</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In the process <input type="checkbox"/>	Written <input type="checkbox"/>	Understood <input type="checkbox"/>
<b>Substance Use</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In the process <input type="checkbox"/>	Written <input type="checkbox"/>	Understood <input type="checkbox"/>
<b>Health and Safety</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In the process <input type="checkbox"/>	Written <input type="checkbox"/>	Understood <input type="checkbox"/>
<b>Critical incident policy</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In the process <input type="checkbox"/>	Written <input type="checkbox"/>	Understood <input type="checkbox"/>
<b>Student Referral</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In the process <input type="checkbox"/>	Written <input type="checkbox"/>	Understood <input type="checkbox"/>
<b>Immunisation</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In the process <input type="checkbox"/>	Written <input type="checkbox"/>	Understood <input type="checkbox"/>
<b>Recycling</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In the process <input type="checkbox"/>	Written <input type="checkbox"/>	Understood <input type="checkbox"/>
<b>Equality</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In the process <input type="checkbox"/>	Written <input type="checkbox"/>	Understood <input type="checkbox"/>
<b>Bullying</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	In the process <input type="checkbox"/>	Written <input type="checkbox"/>	Understood <input type="checkbox"/>

3.	Are all policies reviewed and evaluated on a regular basis?	4	3	2	1
4.	Does the school participate in regional or national health initiatives?	4	3	2	1
5.	Does the school effectively use opportunities to display key health related messages?	4	3	2	1

What is working well in <b><u>Policies</u></b> in your school	Are there areas you would like to develop further?

## Partnership

Partnerships are the connection between the school and pupils' family and community plus the connection between the school and key local groups and organisations which promote health.

### To what extent.....

- |    |  |   |   |   |   |
|----|--|---|---|---|---|
| 1. | Are a broad range of parents, other than those in the Parents' Association actively involved in the life of the school?                                      | 4 | 3 | 2 | 1 |
| 2. | Are parents encouraged to be involved in decision-making and policy development within the school?   | 4 | 3 | 2 | 1 |
| 3. | Are students encouraged to be involved in decision-making and policy development within the school?  | 4 | 3 | 2 | 1 |
| 4. | Are local newsletters, radio and TV are used to communicate and promote school activities to the local community?  | 4 | 3 | 2 | 1 |
| 5. | Has the school established contact with the following:   |   |   |   |   |
|    | (a) Social Workers?  |   |   |   |   |
|    | (b) Public Health Nurses?  |   |   |   |   |
|    | (c) Psychologists?   |   |   |   |   |
|    | (d) NEPS?  |   |   |   |   |
|    | (e) Community Dietitian?   |   |   |   |   |
| 6. | Has the school identified skills, competencies and interests among the parent body which may be useful to the school?<br>( Please list any areas identified) | 4 | 3 | 2 | 1 |
|    | _____  |   |   |   |   |
|    | _____  |   |   |   |   |
| 7. | Does the school organise extra curricular learning activities?   | 4 | 3 | 2 | 1 |
| 8. | Are parents encouraged to develop and maintain contact with school throughout the year? (not just for parent-teacher meetings).                              | 4 | 3 | 2 | 1 |

9. Does the school have an active Parents' Association? 4 3 2 1
10. Are the school facilities used by parents and/or community groups? 4 3 2 1

What is working well in <b><u>Partnerships</u></b> in your school?	Are there areas you would like to develop further?

## APPENDIX XVI HPS Partnership's Health Promoting School Award

### Application Form and Guidance



## Health Promoting School Award

Schools engaged with the HPS Network can decide to put themselves forward to be considered for the HPS Flag. The Flag (which is dated the year of recognition) is awarded by the HPS Partnership which oversees the development of the HPS Network in the Midwest region. This award recognises schools participation in the Network and the work that has been completed through the HPS process with school communities.



## Health Promoting School Award

Schools elect to put themselves forward for the award following the completion of an HPS Action Planning Cycle and it is anticipated that the award can be renewed following the completion of subsequent Action Plans (usually every two/three years). If you require any clarification or assistance please get in touch with your HPS Network Contact person.

This application seeks information about how your school engaged in each of the steps of the HPS process. The information the school provides will be presented as a portfolio to the HPS Partnership. Each school can decide what sort of evidence or information to provide in order to answer each of the questions below. All the questions relate to the HPS process which is outlined in Appendix A.

All schools that submit an application for the HPS Award are given feedback and schools that have satisfactorily completed the steps in the HPS process are awarded the HPS Flag.

A Self-Reflection template is provided in Appendix B and may be used as a starting point for the Working Group's deliberations on the application. Alternatively this could be used after the application process is completed and the Working Group is preparing to move on to a new Action Plan.



# Health Promoting School Award

## Application

It is recommended that the school Working Group  
completes the Application for the Award.

### SCHOOL DETAILS

School name: \_\_\_\_\_

Roll No.: \_\_\_\_\_

School address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Principal: \_\_\_\_\_

No. of Staff: \_\_\_\_\_ No. of Pupils: \_\_\_\_\_

Date of submission: \_\_\_\_\_

School HPS Coordinator: \_\_\_\_\_

HPS Network Contact: \_\_\_\_\_

## **GUIDE SHEET FOR COMPLETING SECTION 1**

### **SECTION 1 relates to the Health Promoting School Working Group**

You are asked to describe who is involved in your HPS Working Group.

List each member of the group and indicate which part of the school community they represent (i.e. whether they are a parent, pupil, member of staff etc.)

Please include a line or two explaining how the Working Group was formed, how people came to know about and participate in the Working Group.

Please indicate how often the Working Group meets. This can be a list of dates of meetings or an average of the number of meetings held in an academic year. You may want to say when and where the meetings took place - this is up to the group to decide.

Please include an example of minutes taken for one of your Working Group meetings.

In this section the HPS Partnership will be examining how consultation takes place in relation to HPS.

It also provides an opportunity to consider how representative the school's Working Group is and if any changes are necessary.





# Health Promoting School Award

## Section 1: The HPS Working Group

Please list each member of the HPS Working Group.

Include an additional sheet if needed.

Name: (BLOCK CAPITALS)	Signature:	Represents: (Pupil/Staff/Parent /Other

Please describe how pupils, parents/guardians and staff were recruited on to the Working Group.

---

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How does your Working Group operate to manage things like meeting times, roles in the team, circulation of minutes etc.?

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How did you carry out consultation with your school community?  
(Please describe who was involved and any audits, questionnaires, discussions, suggestion boxes, information evenings that were used to get feedback opinions and ideas).

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---

What were the results of the consultation?

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## **GUIDE SHEET FOR COMPLETING SECTION 2**

**SECTION 2 relates to your development of an Action Plan.**

You are asked to describe how you identified the Action Area to work on? That is, why did you pick a particular theme(s)? (Look back at what you said in SECTION 1 - Did you complete an Audit? Consult with the whole school community etc?)

You are asked to give the broad aim of your Action Plan and detail how the school worked towards achieving this.

You are also asked to describe how you involved the wider school community in this part of the process?

In this section the HPS Partnership examines the basis for your decision to work on a particular Action Area and how well you succeeded in developing a whole school approach in your planning.



## Health Promoting School Award

### Section 2 Action planning

What theme(s) did the school chose to work on?

---

How did you decide on this theme?

---

---

How did you raise awareness of the HPS with your school community and how did you inform them of what was happening in relation to HPS?

---

---

---

Please provide some details of who did what and when. Some schools attach a copy of their completed Action Plan here.

What did the school set out to achieve?

(You don't need to give specific details here - just give broad aims).

Our aim was:

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Please indicate how your actions related to the development of healthier policies, teaching and learning, improving the school environment and strengthening links between the community and your school.

---

---

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## **GUIDE SHEET FOR COMPLETING SECTION 3**

### **SECTION 3 relates to how you implemented your Action Plan**

In this section you are asked to consider what has worked well in the implementation of your Action Plan and what difficulties, if any you encountered.

You are asked to outline what actions were implemented and how you monitored and assessed the ongoing progress of your Action Plan.

Things to consider here include what was the best thing about working on the HPS and what was the most challenging aspect of working on HPS.

Please note different members of the Working Group may have had different experiences of being involved on the Working Group and diverse views should be recorded if this is the case.

Please provide a brief statement of how involvement in HPS fits with your school's overall mission.

In examining this section the HPS Partnership will be looking how the experience of HPS has benefited your whole school community. The HPS does want to hear about any challenges you may have faced as this will be used to inform future work to sustain HPS.



## Health Promoting School Award

### Section 3 Implementation of Action Plan

Please provide some details of what has worked well in the implementation of your Action Plan.

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What difficulties, if any did you encounter? (If there were difficulties, how did you overcome them?)

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---

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How did you monitor and evaluate your progress?

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---

How has the experience of HPS benefited your whole school community?

---

---

---

How does involvement in HPS fit with your school's overall mission?

---

---



## **GUIDE SHEET FOR COMPLETING SECTION 4**

**SECTION 4 relates to the draft National Health Promoting School criteria for Primary Schools.**

The criteria are based on international guidelines and have been devised in consultation between representatives of both sectors, Education and Health.

In this section you are asked to review the criteria and rank these according to where you think your school is at the end of this phase of the HPS process.

You are also asked to consider how you will sustain the HPS into the future.

For this section the HPS Partnership seeks to understand your overall perceptions of the value of HPS.



## Health Promoting School Award

### Section 4: Your school as a HPS

Please review the draft National Health Promoting School criteria on the next page and rate them according to where you think your school is at the end of this process as follows:

- 4** - We feel we have made extensive progress in this area
- 3** - We feel we have done a lot of work in this area but more is needed
- 2** - We feel that we have made some progress but we have alot still to do
- 1** - We feel that we have made limited progress in this area
- 0** - We feel that we have made no progress in this area whatsoever

Mark your rating by circling the number closest to your school's experience.

Draft National Health Promoting School criteria	Rating				
Providing a safe, secure and stimulating environment which encourages and supports pupils, staff and members of the whole school community.	4	3	2	1	0
Encouraging and promoting self-esteem and self-confidence by providing opportunities for all members of the school community to contribute to school life through their personal skills and qualities.	4	3	2	1	0
Encouraging the school community to make healthy choices and to take responsibility for their own health.	4	3	2	1	0
Creating a climate in which good relationships, respect and consideration for others prosper.	4	3	2	1	0
Planning and implementing a curriculum which promotes health and wellbeing, adheres to statutory requirements and is accessible to all pupils.	4	3	2	1	0
Providing challenges for pupils and staff through a wide range of physical, academic, social and community activities.	4	3	2	1	0
Encouraging the school community to participate in the development of policies where possible and appropriate.	4	3	2	1	0
Formulating, implementing and regularly reviewing health related policies that are in accordance with the school's aims, philosophy, vision and ethos.	4	3	2	1	0
Engaging with parents/guardians, other schools and the local community in a range of health related initiatives.	4	3	2	1	0
Efficiently using appropriate agencies and specialist services to advise, support and contribute to health and wellbeing, teaching and learning.	4	3	2	1	0

How will you sustain the HPS into the future?

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We, the HPS Working Group, wish to formally apply for recognition as a Health Promoting School.

Signed on behalf of the Working Group:

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Health Promoting School Coordinator

---

Parent

---

Pupil

---

Principal

Date: \_\_\_\_\_

## APPENDIX XVII Action Plan on Healthy Eating

Please note: A separate column with a timeline for each activity should also be included when developing the Action Plan.

Activity	Who involved	Preparation / resources
Healthy Lunchbox Poster competition	Class teachers Pupils	Health Promotion Dietitian to judge Lunch boxes as prizes
Review school's Healthy Eating Policy	School's HPS Working Group Dietitian	Drafting of policy Circulation for consultation with whole school community Final approval from Board of Management
School breakfast	Teachers Pupils Health Promotion Officer Parents	Health Promotion Officer will provide templates and Healthy Eating leaflets
Make our own lunch	5 <sup>th</sup> and 6 <sup>th</sup> Class Pupils Teachers Parents Local supermarkets	Children to be assigned different foodstuffs to bring Supermarkets to supply some foodstuffs Health Promotion will supply chopping boards, disposable plates and cups, napkins Teachers and parents to oversee preparation stations
Fruit kebabs	Junior and Senior Infants Teachers	Health Promotion to provide fruit, cocktail sticks
Food demonstration and Nutrition Talk for parents	Parents Dietitian	Dietitian will identify cook for demonstration and will provide nutrition information
Healthy Eating Lessons	Teachers Pupils	Teachers will identify and deliver at least one lesson for each school term from the SPHE curriculum on the theme of Healthy Eating and Nutrition

## APPENDIX XVIII Action Plan on Social and Emotional Health

Please note: A separate column with a timeline for each activity should also be included when developing the Action Plan.

Activity	Who involved	Preparation / resources
Bullying Survey	Class teachers 6 <sup>th</sup> Class Pupils	HPS Partnership to supply sample surveys and facilitate survey development Pupils to administer survey Teachers to help pupils collate data
Friendship Survey	5 <sup>th</sup> and 4 <sup>th</sup> Class Pupils Teachers	HPS Partnership to supply sample surveys and facilitate survey development Pupils to administer survey Teachers to help pupils collate data
Wish List	Teachers Pupils	Each class teacher to facilitate each child identifying their wish for the school and this is put on a card and laminated to the desk
Colour Journals	Teachers Pupils	HPS Partnership to provide templates of Colour Code and journals Each class teacher to stop twice during the day and ask pupils to log their mood in the colour journal Teachers will work with pupils to provide graphs of what moods are most dominant, on what days, at certain times etc
Alternative physical activities	Teachers Pupils Parents	Development of new playground markings for school yard Extra-curricular walks to be organised by parents with expertise on local history, wildlife and fauna
Review of Code of Behaviour	Whole school community	HPS Partnership will facilitate Code of Behaviour Workshop for Staff and Parents Working Group will be established to review code and draft new policy New Code of Behaviour will be circulated to whole school community for consultation prior to sign off by Board of Management

## APPENDIX XIX Action Plan on Dental Health

Please note: A separate column with a timeline for each activity should also be included when developing the Action Plan.

Activity	Who involved	Preparation / resources
Tooth brushing demonstration	Pupils HSE Dentist and Hygienist	HPS Partnership to approach HSE to facilitate Dentist and Hygienist coming to the school to do puppet demonstration of brushing teeth during allocated development check schedule
Brushing teeth day	Pupils Teachers Parents	HPS Partnership to supply disclosing gel tablets, tooth brushes, water basins, mirrors  Parents and teachers and pupils from HPS Working Group to facilitate exercise with each class
Dental Health lesson	Teachers Pupils	Each class teacher to facilitate at least one lesson during the term on Dental Health (this can be sourced from Bi Follain or Mighty Mouth resources)
Linking with home	Parents Pupils	HPS Partnership to supply Tooth brushing calendars and stickers
Class projects on Dental Health themes	Class teachers Pupils	Junior and Senior Infants to develop Dental Health Alphabet  Other classes to choose own projects 5 <sup>th</sup> and 6 <sup>th</sup> Class will take science focus
Follow up	HSE Dentist and Hygienist	Dentist to revisit school two months after developmental check to note developments and report



## Health Promoting School Network

The Health Promoting School Network aims to share expertise and learning in promoting health and well-being for the whole school community in a planned and sustained way. The Network will comprise of locally based clusters of schools. A cluster will consist of a Post-Primary school and some (usually at least 3), neighbouring Primary schools.

The advantages of working in local clusters include:

- ✘ **continuity of process** - consistency of students experience of HPS process from Primary to Post-Primary school,
- ✘ **shared learning** - analysing the learning from the process and sharing it at local level,
- ✘ **co-operative learning** - learning together throughout the process,
- ✘ **support** - shared experience of involvement in the process helps to sustain the process,
- ✘ **best use of our resources** - targeted use of DES and HSE personnel and resources,
- ✘ **communality of concerns** - recognises local issues and shared concerns,
- ✘ **best use of community resources** - facilitates efficient and equitable use of locally based resources for Primary and Post-Primary schools,
- ✘ **geographical proximity** - easy access for meetings and shared activities,
- ✘ **same parent group.**

Each school has autonomy in identifying and directing their participation in the process. The purpose of the Cluster is to provide schools with the opportunity to share what they have learned during the process with other schools. Working in this way will contribute to skill building, problem-solving and helping to ensure the continuity and sustainability of the Network.



## **APPENDIX XXI Checklist tool of questions for CAS framework**

### **Common properties of Complex Adaptive Systems**

### **Some research questions to consider when exploring Health Promoting Schools**

Time	<p>How does HPS develop over time?</p> <p>Who are the principal actors at different stages?</p> <p>How does the environment change over time?</p> <p>Who or what are the principal drivers of change over time?</p>
Uncertainty	<p>What are the main sources of uncertainty about the different elements in the system? (the actors, the environment, the policy context)</p>
Sensitivity to initial context	<p>What assumptions are being made by stakeholders before beginning HPS implementation?</p> <p>What initial conditions are likely to be sensitive to change?</p>
Fuzzy boundaries	<p>What boundaries (multi-disciplinary, physical) will affect HPS implementation?</p> <p>How might HPS implementation affect the wider community?</p>
Nested systems	<p>What systems are in play that will affect implementation? (individual classrooms, the school itself, the wider community, different sectors – education/health – policy priorities)</p> <p>How is information communicated up and down the different systems?</p>
Interacting agents	<p>What inter dependencies and interactions between the various elements will impact HPS implementation and /or be affected by HPS?</p> <p>How do different elements communicate with each other?</p>
Tensions and paradoxes	<p>What tensions and paradoxes can be identified?</p> <p>Look for examples</p> <ul style="list-style-type: none"> <li>- of non linearity</li> <li>- where small events have big outcomes and large events have little effect</li> </ul>
Internalised rules	<p>Are there patterns in behaviour / outcomes for different elements in the system?</p> <p>What shared understandings can be identified?</p> <p>How are actions coordinated in the HPS?</p>
Adaptation – emergent behaviour	<p>What mechanisms are in place to support change?</p> <p>How quickly (or not) does the system change?</p>



# HealthPromotingSchools Scoileanna Cothaithe Sláinte

*Approved: 21<sup>st</sup> May 2014 by HPI Management Team*

## Stages of the HPS model

### Describing our support to schools

This document, developed through consensus of the HPS Working Group, attempts to set out what is required to support a school through the Health Promoting School process as follows:

Total HPO time input required to support new schools through 1 full cycle (Stages 1-11) is approximately  $\leq 8$  days including 7 school visits over 2 years. (This does not include travel or additional training e.g. policy workshops, coordinator network meetings, coordinator training, etc.)

Total HPO time input for existing schools – 1 cycle (Stages 4-11) approximately  $\leq 6$  days including 5 school visits over 2 years on a reducing basis proportionate to length of time in the process and/or school efficacy in embedding and sustaining the process. Long-standing schools, that have been involved over the years and who have effectively embedded the process, may need less support. Further consideration is needed as to how schools can maintain their HPS status with this reduced level of support.

Grouping of school visits per geographical area is encouraged where possible to reduce travel.

Standard resources have been developed to support each stage of the model. The resources are in underlined text in each stage below.

Stage 1	Expression of Interest
<p><b><i>What happens at this stage and what type of support do we provide?</i></b></p> <p>We invite / actively target schools. In this case – one letter of invitation is sent to the school (<u>Intro to Health Promoting School-Principal's letter and EOI</u>), a maximum of 2 phone calls to chase up, followed by 'closing' letter if no reply is received (<u>No response letter</u> Thank you for your interest – please contact us if you would like to progress HPS in the future).</p> <p>Or</p> <p>Schools contact us to express an interest (short telephone discussion - follow up with <u>Response Letter to HPS Enquiry</u>)</p>	
<p><b><i>What standard tools do we need?</i></b></p> <p>General letter of invitation to introduce HPS containing an Expression of Interest form (<u>Intro to Health Promoting School-Principals letter and EOI</u>)</p> <p>A closing letter for schools that do not respond / are not interested at this stage (<u>No response letter</u>)</p> <p>General Health Promoting School information – (<u>School Information Leaflet</u>)</p>	
<p><b><i>What knowledge/skills/training does a HPO need to effectively implement this stage?</i></b></p> <p>A good knowledge of HPS concept/settings approach/principles of Health Promotion.</p> <p>Understanding of the school system including curriculum, policies, parent council/Board of Management, Student Councils, and other DES documents that inform our work e.g. Whole School Evaluation</p> <p>Knowledge of where to get information on schools (e.g. DES Website)</p> <p>Agreed key messages</p>	
<p><b><i>Critical points to ensure success at this stage:</i></b></p> <p>That we are able to effectively describe HPS, the process for getting involved, the benefits of HPS and how HPS supports the school systems and ties in with what the school is already doing.</p>	
<p><b><i>What data do we record:</i></b></p> <p>Record all expressions of interest and route of expression e.g. school initiated or we approached</p> <p>Record if 'not interested at this time' and 'non-responsive'</p> <p><u>School Profile Form</u> recorded on HPS Database</p>	
<p><b><i>Approximate time:</i></b> 0.5 day (with no school visit involved)</p>	

<b>Stage 2</b>	<b>Meeting with Principal and key staff</b>
<b><i>What happens at this stage and what type of support do we provide?</i></b>	
HPO meets with Principal and key staff to discuss HPS in more detail (minimum time required is ½ hour)	
<b><i>What standard tools do we need?</i></b>	
General Health Promoting School information– <u>School Information Leaflet</u> A copy of the <u>School Agreement Form</u> (which provides an outline of the <i>school</i> commitment and Health Promotion commitment so the principal is aware of what he/she signing up to <u>HPS Framework</u> <u>HPS Coordinators Handbook</u> (for reference or to give to very interested schools) Following the meeting - a follow up letter <u>Confirming whole staff presentation</u> date Supporting tools: <u>Key points on HPS</u> and <u>Evidence of Effectiveness</u>	
<b><i>What knowledge/skills/training does a HPO need to effectively implement this stage?</i></b>	
An in depth knowledge of HPS – model, approach, stages, evidence base, settings/system approach. Ability to communicate the advantages of getting involved in HPS. Good knowledge base of schools and DES as in previous section.	
<b><i>Critical points to ensure success:</i></b>	
That the school understands the nature of the whole school approach to this work – that it is not just a project in the school but a process that is aimed at systemic change. That the Principal is fully supportive of the model/process and shows leadership and commitment to driving this forward in the school. Without this we should not engage further on the basis of school readiness.	
<b><i>What data do we record:</i></b>	
Date of meeting Details of those present and role in the school Date for whole staff presentation to be agreed at this meeting if possible	
<b><i>Approximate time:</i></b> 0.5 days (and requires a school visit)	
<b><i>Additional points:</i></b> School visits should be grouped where possible to reduce travel. Stage 2 and stage 3 can be combined to one school visit where possible.	

<b>Stage 3</b>	<b>Whole staff presentation</b>
<p><b><i>What happens at this stage and what type of support do we provide?</i></b>  HPO meets whole staff and facilitates <u>staff presentation on HPS</u></p> <p>Or a <u>whole staff workshop</u> that includes the above presentation but also gets them to begin to consider HPS in relation to their school (Initial self-assessment) i.e. What is working well? Are there areas for improvement? HPO supports school to group these in relation to the 4 HPS key areas which highlights gaps even before consultation stage.</p>	
<p><b><i>What standard tools do we need?</i></b>  A <u>whole staff presentation</u> (1 hour)  or an <u>introductory staff workshop</u> (1-2 hours) If school has shown keen interest in getting involved)</p>	
<p><b><i>What knowledge/skills/training does a HPO need to effectively implement this stage?</i></b>  An in depth knowledge of Health Promoting Schools  A knowledge of how HPS relates to School Self-evaluation/school development planning/other aspects – well-being guidelines, Action Plan on Bullying, etc.  Presentation/Facilitation skills  Be able to sell HPS and answer frequently asked questions</p>	
<p><b><i>Critical points to ensure success:</i></b> That the whole staff understand:  The benefits of getting involved in HPS – learning outcomes, health benefits, benefits to whole school community.  How this ties in with what they are already doing i.e. acknowledge where schools are at and the work that they are already doing relating to health.  The nature of the whole school approach to this work – not just a project in the school but a process that is aimed at systemic change.  That whole staff buy in is needed in order to effect change (this session is about gaining support and consensus from the school community)  The importance of <i>effective implementation</i> of the model to get the best outcomes  The role of the Coordinator/Assistant Coordinator &amp; Health Promoting School Team (Getting the right coordinator is vital and it happens between this stage and the next so this is an opportunity to emphasise role and what it entails.)</p>	
<p><b><i>What data do we record:</i></b>  The nature of the staff session – presentation or staff workshop  No. of people in attendance (sign in sheet or staff list)</p>	
<p><b><i>Approximate time:</i></b> 1 day (to encompass preparation and school visit)</p>	

*Total time at developing stages (1-3) is ≤ 2 days and 1-2 school visits*  
***School considers their commitment to join HPS. If they decide to participate we move to the next stage; if they decide not to engage we send a letter to thank them for their interest to date. We log the school and the reason for not engaging at this time.***

Stage 4	School Agreement & Appointment of the Coordinator
<b><i>What happens at this stage and what type of support do we provide?</i></b>	
Schools are sent a <u>HPS Agreement form</u> and <u>accompanying letter</u> which is to be signed by Principal	
A Coordinator/Assistant Coordinator is appointed – contact number and email given to us	
Date for Coordinator training/network meeting given (if appropriate)	
Follow up telephone call with Coordinator	
Coordinator Handbook given and next stage explained e.g. clear guidelines on how to recruit a HPS team	
<b><i>What standard tools do we need?</i></b>	
<u>HPS School Agreement form</u>	
<u>Coordinator Handbook</u> and <u>Framework Document</u>	
<u>Recruiting and Developing a HPS Team</u> document (this may be given at next stage)	
<b><i>What knowledge/skills/training does a HPO need to effectively implement this stage?</i></b>	
Be able to explain the coordinator role and how to recruit a HPS team	
<b><i>Critical points to ensure success:</i></b>	
The coordinator feels supported by the Principal and the rest of the staff	
The coordinator is clear on their role	
The coordinator is clear on the ethos of Health Promoting School	
The coordinator is clear on the supporting role of Health Promotion	
<b><i>What data do we record:</i></b>	
The names and contact details of the coordinator/assistant coordinator	
The meeting log/telephone log	
<b><i>Approximate time:</i></b> 0.5 days (with no school visit involved)	

<b>Stage 5</b>	<b>Health Promoting School Team established</b>
<b><i>What happens at this stage and what type of support do we provide?</i></b>	
<p>Health Promoting School team is established in the school comprising students, staff and parents</p> <p>HPO meets the team and facilitates a session to get the team thinking about HPS (see workshops in <u>Recruiting and Developing a HPS Team</u> document.) A half day or extended session with the HPS Team is recommended. As age appropriate, part of this meeting should cover what the school is already doing in relation to health, HPS concept, model and next steps i.e. consultation and awareness.</p>	
<b><i>What standard tools do we need?</i></b>	
<p><u>Recruiting and Developing a HPS Team</u> document</p> <p>An 'HPS team meeting' checklist, team minutes template and agenda template are contained in this document. Or discuss journal (as appropriate) to record meetings/progress</p>	
<b><i>What knowledge/skills/training does a HPO need to effectively implement this stage?</i></b>	
<p>Be able to facilitate group session</p> <p>Be able to explain next steps (consultation and awareness raising)</p>	
<b><i>Critical points to ensure success:</i></b>	
<p>The team understands the Health Promoting School concept, model, their role and are clear on next steps</p> <p>The school Principal and Coordinator are clear on next steps (Ask them to inform the whole staff of next steps at the next staff meeting).</p> <p>Request for updates on HPS from the team to be a standing item on school agenda e.g. staff meetings, Board of Management Meetings.</p>	
<b><i>What data do we record:</i></b>	
<p>The names of the Health Promoting School Team and their roles (student/parent/staff)</p>	
<b><i>Approximate time:</i> 0.5 days (school visit involved)</b>	

<b>Stage 6</b>	<b>Raising Awareness and Consultation</b>
<p><b><i>What happens at this stage and what type of support do we provide?</i></b></p> <p>School raises awareness of its engagement in HPS and conducts a <u>consultation with whole school community</u>. As part of this the self-assessment, results should be communicated to the school community to acknowledge all the work that the school (and particular individuals) already does in relation to health and how the HPS is a framework to use to build on this work and develop a more co-ordinated approach.</p> <p>All students receive a <u>consultation/lesson</u> on 'Health Promoting Schools'</p> <p>School compiles consultation results</p> <p>HPO gets copy of these results from the school and then meets the Principal/Coordinator and the HPS team to discuss priorities</p>	
<p><b><i>What standard tools do we need?</i></b></p> <p>A selection of <u>consultation tools for students, staff and parents</u></p> <p><u>Lesson plan on Health Promoting School</u> for delivery to all students</p> <p>Suggest that schools have Health Promoting School section on their website, newsletter, etc.</p>	
<p><b><i>What knowledge/skills/training does a HPO need to effectively implement this stage?</i></b></p> <p>Be able to review the results and advise and facilitate the school in finalising priorities.</p> <p>Be able to discuss next steps with HPS Team and Principal</p>	
<p><b><i>Critical points to ensure success:</i></b></p> <p>The whole school community is involved in identifying priorities</p> <p>The Principal/team commits to progressing priorities across the 4 key action areas</p>	
<p><b><i>What data do we record:</i></b></p> <p>The outcomes of consultation i.e. the school priorities</p>	
<p><b>Approximate time:</b> 1 day (school visit)</p>	



<b>Stage 7</b>	<b>Setting priorities and developing an action plan</b>
<b><i>What happens at this stage and what type of support do we provide?</i></b>	
Based on consultation results and self-assessment, the HPS Team sets out their aim, priorities and develops an action plan and plan for implementation.	
The action plan is returned to the HPO for feedback	
The action plan is finalised and signed off by the school principal and presented to whole school community by the HPS Team. The Board of Management are informed	
Others with a direct role in supporting actions are engaged with	
<b><i>What standard tools do we need?</i></b>	
<u>Action Planning Template</u>	
<u>Setting Priorities and Developing an action plan</u> guidelines	
Supporting document to discuss with schools <u>Ideas for HPS</u>	
<b><i>What knowledge/skills/training does a HPO need to effectively implement this stage?</i></b>	
Be able to facilitate the school to develop an achievable plan with actions in the key areas of Environment, Curriculum and Learning, Policy and Planning, and Partnership	
<b><i>Critical points to ensure success:</i></b>	
The development of a very clear action plan with clear aims, objectives, timeframe, resources, etc. signed off by Principal/BOM, etc.	
Whole school community is aware of action plan and all staff, students and parents clear on their role in supporting HPS.	
<b><i>What data do we record:</i></b>	
Keep a copy of the final action plan	
<b><i>Approximate time:</i></b> 1 day (no school visit required)	

Note: School team may need facilitation in Action Planning

<b>Stage 8</b>	<b>Implementing the action plan</b>
<b><i>What happens at this stage and what type of support do we provide?</i></b>	
<p>The HPS team communicates the Action Plan to the school community to create an awareness of the plan is and how the school community will be involved.</p> <p>The action plan is implemented</p> <p>Follow up visit and ongoing telephone/email contact</p>	
<b><i>What standard tools do we need?</i></b>	
<p><u>Interim Review – prompt questions</u> for use periodically to review progress during action planning phase</p>	
<b><i>What knowledge/skills/training does a HPO need to effectively implement this stage?</i></b>	
<p>Be able to review where the school is at in their action plan and provide direction if needed (<u>Interim Review – prompt questions</u>)</p>	
<b><i>Critical points to ensure success:</i></b>	
<p>The school is clear on how to progress action plan</p>	
<b><i>What data do we record:</i></b>	
<p>Record school progress and contact with schools</p>	
<b><i>Approximate time:</i></b> 1 day (2 visits to the school during the implementation stage – to support co-ordinator in relation to Action Plan). This does not include any specific training that may be done with the school to support them with implementation of their action plan e.g. policy workshop.	

<b>Stage 9</b>	<b>Applying for Health Promoting School recognition</b>
<b><i>What happens at this stage and what type of support do we provide?</i></b>	
The school has fully implemented their action plan	
The school and HPO discuss the school's readiness to apply for recognition	
The school applies for recognition using the ' <a href="#">Application for Recognition</a> ' form and submits evidence of work (portfolio /journal)	
<b><i>What standard tools do we need?</i></b>	
<a href="#">Application for Recognition</a> form	
<a href="#">Recognition Guidelines</a>	
<b><i>What knowledge/skills/training does a HPO need to effectively implement this stage?</i></b>	
Be able to discuss stage of readiness to apply for recognition and advise on application process (or next steps if the school is not ready)	
<b><i>Critical points to ensure success:</i></b>	
The HPS Team understands when it is ready to apply and is able to reflect on progress (the HPO may have to prompt the school to apply)	
<b><i>What data do we record:</i></b>	
Record the date of school's application for recognition	
<b><i>Approximate time:</i></b> 0.5 days (no school visit required)	

<b>Stage 10</b>	<b>Recognition and Celebration</b>
<b><i>What happens at this stage and what type of support do we provide?</i></b>	
<p>The application form and portfolio is reviewed by personnel other than the supporting HPO</p> <p>The school is formally recognised for their work (or given feedback as to what more they need to achieve to be recognised)</p> <p>HPS work is celebrated within the school community</p>	
<b><i>What standard tools do we need?</i></b>	
<p><u>Recognition Guidelines</u></p> <p><u>Certificate of Formal Recognition for School</u></p> <p><u>Certificate of Participation for Students on HPS Team</u></p> <p><u>Flag/plaque as appropriate</u></p>	
<b><i>What knowledge/skills/training does a HPO need to effectively implement this stage?</i></b>	
<p>Be able to provide open feedback to the school and support them in the application process</p>	
<b><i>Critical points to ensure success:</i></b>	
<p>Recognition is open, fair and transparent</p> <p>Clear guidelines on recognition for independent reviewers</p> <p>Need to consider timing in the school year of when recognition process commences</p>	
<b><i>What data do we record:</i></b>	
<p>Record application decision</p>	
<b><i>Approximate time:</i></b> 1 day (No school visit)	

<b>Stage 11</b>	<b>Reviewing and Planning for next phase</b>
<b><i>What happens at this stage and what type of support do we provide?</i></b>	
HPO meets with the Principal, Coordinator and HPS Team to review work (based on feedback) and consider sustainability of actions	
The school reviews their commitment to remain in HPS Initiative	
If the school remains in HPS, a further meeting may be needed to begin the process again (particularly if a new coordinator/team is appointed)	
<b><i>What standard tools do we need?</i></b>	
<u>School Self Reflection Template</u>	
<b><i>What knowledge/skills/training does a HPO need to effectively implement this stage?</i></b>	
Be able to provide feedback to school and discuss continuing involvement	
<b><i>Critical points to ensure success:</i></b>	
Being able to provide honest and supportive feedback	
<b><i>What data do we record:</i></b>	
Schools decision to remain engaged with HPS or not engage (take a break)	
<b><i>Approximate time:</i></b> 0.5 days (school visit)	